

CAMP CROSSROADS STAFF APPLICATION FORM

_____ Senior Camp (Ages 13-18)
_____ Junior Camp (Ages 9-12) Tshirt Size Desired _____

NAME: _____ AGE: _____ GENDER: _____

ADDRESS: _____ ZIP: _____

PHONE: H _____ C _____ E-MAIL _____

CONGREGATION: _____

PASTOR: _____ PASTOR'S PHONE # _____

Areas in which you are willing to serve:

<input type="checkbox"/> Cabin Counselor	<input type="checkbox"/> Pianist	<input type="checkbox"/> Handicrafts
<input type="checkbox"/> Administrative Assistant	<input type="checkbox"/> Staff Skits	<input type="checkbox"/> Sports
<input type="checkbox"/> Campfire Devotions	<input type="checkbox"/> Praise & Worship	<input type="checkbox"/> Kitchen Help
<input type="checkbox"/> Camp Cook	<input type="checkbox"/> Nurse	<input type="checkbox"/> Camp Newspaper
<input type="checkbox"/> Choir Director	<input type="checkbox"/> Work Projects	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Olympics Coordinator	<input type="checkbox"/> Bible Study For Staff	<input type="checkbox"/> (Other) _____

Note: Every attempt will be made to use you in the positions you have indicated above Depending on staffing levels, you may be asked to assist in other areas.

COMMENTS:

UPON REQUEST I WILL GIVE WRITTEN CONSENT AND REQUIRED INFORMATION (INCLUDING FINGERPRINT SUBMISSION) FOR THE INITIATION OF A BACKGROUND CHECK ON MYSELF TO INCLUDE RESEARCH OF CRIMINAL RECORDS AND LISTS OF SEXUAL OFFENDERS.

Applicants Signature

Date

I personally have observed the above applicant and believe he/she has the capabilities and Christian character required to work with campers, staff and the Director of Camp Crossroads.

PASTOR'S SIGNATURE: _____

Please mail to: Pastor Regina King

187 Cook Road

Sheffield, MA 01257

(413) 229-2300 H or (413) 358-5088 C rmking@earthlink.net