

CAMP CROSSROADS STAFF APPLICATION FORM

T-shirt 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.

Applicant's 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