

CAROLINA MINISTRIES CAMP COUNSELOR APPLICATION
2008

____ Kids Camp August 4 - 8 (qualifying age of 16 or older)

____ Senior Camp August 4 -8 (qualifying age of 18 or older)

Name: _____ Age _____ M or F _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (____) _____ - _____ Cell (____) _____ - _____

Church Name/City:

Soc Sec #: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

All applicants **MUST** have their Home Church Pastor's written recommendation attached to this application and must have a criminal background check conducted by Carolina Ministries.

Counselor expectations (please initial each line):

- _____ I will be available to kids and groups at all times and will not leave my group unattended
- _____ I will strictly maintain all camp policies
- _____ I will not leave camp premises without approval of director
- _____ I understand that all vehicles will be parked and cannot be driven around the camp facilities
- _____ I will assist and encourage all campers to adhere to camp schedule and rules
- _____ I will encourage all campers to mingle and participate in activities with other groups
- _____ I will be a spiritual leader to campers and will encourage campers in their walk with Christ
- _____ I will do my best to be a positive influence to campers and will refrain from the use of
improper language, alcohol, tobacco, and drugs
- _____ I will hold my cabin and group to strict adherence of the nightly curfew
- _____ I will refrain from bringing secular music to camp
- _____ I will adhere to camp schedule and will be on time to activities with my assigned group

By initial each space above and signing below, I agree to follow all camp guidelines. I also give my permission for Carolina Ministries of the Church of God, Inc. to run a criminal background check on me.

Signature _____ Date _____

****Please remember to include a letter of recommendation from your local pastor****