Outdoor Ministries

Southern Ohio District
Church of the Brethren

VOLUNTEER CAMP COUNSELOR APPLICATION

Full Name_____ Birthdate_____

Address_____

Length of time at this address_____ Phone ( ) _____

Local Church Congregation_____

If applicable, give the year for completing the following Woodland Altars leadership training:

Youth Service Camp: _____ Other_____

List other training or experience which might relate to camp counseling_____

_____

List camp counseling experience_____

_____

List experience working with children / youth_____

_____

List leadership responsibilities you hold in the church or community_____

_____

Present occupation and employer_____

List three (3) personal references including name, address, and phone number:

1) _____

2) _____

3) _____

Have you ever been convicted of a felony or a misdemeanor? Yes No

If yes, please explain:

Please rate yourself (good, fair, or poor) on the following skills:

Cooking	_____	Fire building	_____	Menu Planning	_____
Biking	_____	Nature Skills	_____	Equine Skills	_____
Arts/Crafts	_____	Song Leading	_____	Worship leading	_____
Life guarding	_____	First Aid	_____	Game leading	_____
Caving	_____	Rappelling	_____	Story telling	_____
Pioneer Life	_____	Boating	_____	Acting / Directing	_____

Please list any **current** certifications you hold: _____

_____

Please write a brief paragraph as a statement of your personal faith at present and explain how you see that contributing to our goal of Christian education and mentoring young people in their faith.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please return the completed application to:
Director of Outdoor Ministries, 1001 Mill Ridge Circle, Union, OH 45322.
Revised 6/2004