



Counselor in Training Summer Team Application 2010

As you fill out this application, please read the Summer Team Application Handbook and prayerfully consider how God is leading you this summer. Type or print neatly with ink.

A. Personal Information

Name _____ Birthdate _____ Age _____
Address _____ City _____ State _____ Zip _____
Phone _____ E-Mail Address _____
Cell Phone _____ Social Security Number _____ - _____ - _____ Gender M F
T-shirt Size _____ Parents' Names: _____

Do you have any American Red Cross Certifications? _____ Please list: _____

Would you be interested in being trained as a lifeguard? (must be 16 or older) _____

Have you ever been convicted of anything other than a minor traffic violation? _____

If yes, explain. _____

Do you have any impairment that may interfere with your ability to serve on staff? _____

If yes, explain. _____

B. Church & School

1. What church do you attend? _____
City _____ How long have you been at this church? _____
Pastor _____ Pastor's Phone # _____
2. What school do you attend? _____
School address: _____

C. Employment, Ministry, Leadership Experience

Please list paid and volunteer job, ministry, and leadership experience you have had. Use second line to highlight responsibilities, accomplishments, and age groups served. Include starting and ending dates. Be sure to include experiences like employment, student council, missions trip, etc.

Employer/Organization	Position	Dates	City / State	Phone
1. _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Were you fired or asked to resign from any of the above listed positions? _____

If yes, please explain. _____

D. Past Camp Experiences

Have you ever been a camper at a camp before? _____

If yes: Camp Names: _____

E. Personal References

Please list three non-related adult references. Put these same names at the top of each of your Reference Forms along with your own name, telephone number, and position you are applying for.

1. Pastor, Youth Pastor or Spiritual Mentor

Name _____

Address _____

Email Address: _____

Telephone _____ Relationship _____

2. Teacher, Guidance Counselor or School Staff

Name _____

Address _____

Email Address: _____

Telephone _____ Relationship _____

H. Self Evaluation

Please rate yourself in the following areas (1-lowest; 10-highest).

_____ Responsibility	_____ Integrity	_____ Dependability
_____ Work Ethic	_____ Communication	_____ Maturity
_____ Emotional Stability	_____ Initiative	_____ Patience
_____ Judgment	_____ Motivation	_____ Energy
_____ Leadership	_____ Team Participation	_____ Teachable
_____ Cooperation	_____ Flexibility	_____ Enthusiasm

I. Summer Camp Schedule

ALL STAFF must attend orientation scheduled for **June 13-19, 2010**, including Summerfest on **June 19**.

1. How many weeks are you available to serve?
2. Are there any dates you cannot serve because of vacation, sports, missions trips?
3. Are there any age groups you would really like to work with?

2010 Summer Camp Program Dates

Camp Name	Age Group	Type of Camp	Dates
Day Camp 1	(Grades 1-4)	Day Camp	June 21- 25
Junior Escape 1	(Grades 4-6)	5 Day Resident Camp	June 28-July 2
Primary Experience	(Grades 2-4)	3 Day Resident Camp	July 7-9
Junior Escape 2	(Grades 4-6)	5 Day Resident Camp	July 12-16
Teen Extreme	(Grades 7-11)	5 Day Resident Camp	July 19-23
Day Camp 2	(Grades 1-4)	Day Camp	August 2-6

I understand that working on the summer team of SON-Life Camp & Retreat Center means serving and cooperating with the Directors and other summer personnel as unto God, sacrificing personal desires in the interest of the camp and the campers, and following the policies of the camp. My chief goal will be to present Jesus Christ as Lord and Savior to the campers, demonstrating His love as they see Him represented in me. I further understand that failure to cooperate or live by this commitment could mean the immediate termination of my contract.

Signature _____ Date _____

Please send to Ben at:
SON-Life Camp & Retreat Center
189 – 126th Ave
Wayland, MI 49348

Fax #: 269.792.4422
Email: ben@son-lifecamp.org

Questions: Contact Ben at 269.792.2081 or ben@son-lifecamp.org