

OHIO APOSTOLIC CAMPGROUND
Application for Camp Staff 2017

Adults Preferred For All Positions
No One will be permitted to work without completed form.
 Application **Must Be Given To The Pastor** to Mail.
 Application should be mailed by **May 1, 2017**

Name _____ Birth date _____ Age _____ Sex _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Parent's Emergency Phone _____
 Email _____

I will agree to abide by all rules of conduct while at the camp and to work in harmony with those in supervision.

Signature _____
 Parent's Signature (if under 21) _____
 Church Name _____ City _____
 Pastor's Signature _____ Pastor's Phone _____
 Pastor's PRINTED NAME _____

(Pastor! Your signature means you feel this person is qualified and represents you. We will contact you if there is a problem.)
 Pastor's Comments _____

Check the Camp or Camps you desire to work.

_____ **Explorer Camp (9 - 11)** – July 10-14 _____ **Sr. High Camp (15 - 18)** – June 26-30
 _____ **Jr. High Camp (12 - 14)** – June 19-23 _____ **Adult Camp** July 5-7 _____ **Spanish** July 20-23

Have you worked at Ohio Camp before? _____
 Which Camp and When? _____

HELP NEEDED: Identify your choices by preference - 1,2, 3, etc. (1 is most desired, 2 is second most desired, etc).

<u>Camp ground Staff</u>	<u>Youth Staff</u> <u>(must be over 23 yrs old*)</u>	<u>Sunday School Staff</u> <u>(must be over 18 yrs old*)</u>
_____ CONCESSION HELP	_____ BOY'S DORM COUNSELLOR	_____ BOY'S DORM SUPERVISOR
_____ DINING HALL	_____ GIRL'S DORM COUNSELLOR	_____ GIRL'S DORM SUPERVISOR
_____ DORM Supervisor (boys/girls)	_____ NIGHT WATCHMAN	_____ NIGHT WATCHMAN
_____ JANITORIAL	_____ OTHER _____	_____ OTHER _____
_____ KITCHEN		
_____ MAINTENANCE		
_____ NURSE/MEDIC		
_____ OTHER	*Need proper approval for exception.	*Need proper approval for exception.

ALL APPLICATIONS ARE TO BE SENT TO:

Sis Charlene Swain
 35 Derrer Rd
 Columbus, Ohio 43204

Or Email: cduchess5@att.net

NOTE: PARENTS - If you must bring children, please list names and ages. NO CHILDREN PERMITTED UNLESS REGISTERED IN THIS MANNER.

Names: _____ Age _____
 _____ Age _____
 _____ Age _____
 _____ Age _____

YOU CANNOT WORK YOUR CAMP, YOU MUST BE A CAMPER. DO NOT COME TO CAMP EXPECTING TO WORK unless you have been contacted by the camp or the Director in charge of that week's camp. You will be notified if you are chosen to fill a position for any camp. You will be required to fill out a camp screening form before you are allowed to work.