

OHIO APOSTOLIC CAMPGROUND  
**Application for Camp Staff 2018**

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, 2018**

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 (8- 11)** – June 11-15      \_\_\_\_\_ **Sr. High Camp (15 - 18)** –June 25-29      \_\_\_\_\_ Spanish July-26-29  
 \_\_\_\_\_ **Jr. High Camp (12 - 14)** –June 18-22      \_\_\_\_\_ **Adult Camp** July 11-13

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).

<b><u>Camp ground Staff</u></b>	<b><u>Youth Staff</u></b> <b><u>(must be over 23 yrs old*)</u></b>	<b><u>Sunday School Staff</u></b> <b><u>(must be over 18 yrs old*)</u></b>
_____ 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](mailto: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.