

Volunteer Worker's Application

For Michigan FWB Youth Camp-June 26-30, 2017

Worker Fee: \$100.00

Name: _____ Age: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Church Name: _____ Pastor: _____

Email Address: _____

Names of your children attending camp this year: _____

**Note: A worker if necessary may bring a child that does not meet the minimum age requirement as long as that child is at least 5 years old and has the ability to take care of his or herself and his or her belongings in the gender appropriate facilities. The child will be treated as a camper.*

Since this is a completely volunteer staff, we need workers that can fill necessary positions so that our program runs safely and easily. Please circle in which areas you are willing to serve

- Counselor Recreation
- Music Lifeguard (current card required)
- Archery (prefer training in proper handling and safety)
- Canteen (run and keep stocked) Kitchen
- Crafts Fishing B.B. Guns (prefer training in proper handling and safety)

For the safety and success of this camp, every camp worker (without exception) shall be under the guidance and supervision of the Camp Director.

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|--|-----|----|
| Do you agree to follow the Camp Director's rules and program? | Yes | No |
| Do you agree to stay the entire week? | Yes | No |
| Are you willing to abide by the rules and regulations made by the Michigan State Youth Board in the areas of conduct, dress, attitude and other matters? | Yes | No |
| I agree with the doctrinal teachings of Free Will Baptists? | Yes | No |

Please explain your general health status (height, weight, physical limitations) on the back of this application and attach a current TB test result (within the last three years) to this application.

Have you ever been convicted of any crime other than minor traffic violations? Yes No
If yes, please explain:

I verify that the above information is true and if chosen to work at MIFWBYC I will abide by the rules and the spirit of the rules. I will work hard for the promotion and success of the program and goals of MIFWBYC.

Worker's Signature: _____ Date: _____

**To be a counselor at camp you must be 18 or older.*

Pastor's Signature: _____ Date: _____

**Each Worker application must have a Pastor's signature.*

-OVER-

**You must attend at least one meeting before camp. Please make your checks payable to your local church. Please send one church check payable to Michigan State Association of Free Will Baptists for all worker fees. Thank you!*

If you are a first time worker you MUST have a letter of reference from your Pastor. Each worker MUST complete the Background Investigation Consent Form and return it to the address below no later than **May 15, 2017**.

Pastor Reference:

**Please Mail To:
Michigan FWB Youth Camp
64395 Romeo Plank Road
Ray, MI 48096**