



2007 Camp Counselor Application

CRC
Camp Rock Creek

Fill Out Completely and return by April 22nd
to the Children's Check-in Desk.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Sex: M F

Email Address: _____

T-shirt Sizes: (adult sizes) S M L XL XXL

	YES	NO	
Have you ever worked as a camp counselor?	<input type="checkbox"/>	<input type="checkbox"/>	
If so, where and how long? _____			
	YES	NO	
Do you have experience working with children?	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	
Can you attend camp full-time?	<input type="checkbox"/>	<input type="checkbox"/>	
If not, what date/times are you available? _____			
If you have a preferences of what age group you prefer to work with, please let us know: _____			

List any type of special training (first aid, CPR, etc.) prior experience, or talents/hobbies you should share with campers.

	YES	NO	
I have a 2007 background check on file with the Del City Church of Christ	<input type="checkbox"/>	<input type="checkbox"/>	
If not, please provide the following:			
Date of Birth ____/____/____	Social Security # _____	- _____	- _____

I hereby agree that all information provided on this form is accurate and correct. I also agree to allow the Del City Church of Christ or it's assigned agents to initiate and conduct a background check with the provided information. I also agree that if I am selected for this service, I will conduct myself in a manner that reflects positive values, morals and faith. I also understand that my application can be revoked and/or I can be dismissed from this role at any time by the Camp Directors without explanation given.

If you agree, please sign below:

Signature: _____ Date: _____