

COVE CAMP STAFF/COUNSELOR APPLICATION

Camp Year 2019

Instructions for form:

1. Shaded area must be completely filled. Social Security Number (SSN) is required for all applicants 18 or over.
2. Form must be submitted to camp director **three weeks** before camp begins.

Name (First, Middle, Last)			Maiden Name
Current Address (Street, City, State, Zip)			
Date of Birth	Sex M F	Phone ()	SSN
E-Mail Address			

Why do you want to be on staff at Cove Camp this summer? _____

Check the camp for which you would like to serve:

- K-2nd Grades
 3rd-4th Grades
 5th-6th Grades
 7th-12th Grades
 Winter Camp

Have you ever served in any position at Cove Camp or any other camp? If yes, please give the following information (as much as you can remember):

Name of Camp: _____

Name of camp director with whom you served: _____

Phone and/or e-mail of the camp director: _____

Have you had certified first aid training? Yes No Have you had CPR training? Yes No

If yes, expiration date of certification: _____

Do you have any physical limitations or disabilities? _____ Please explain: _____

References for _____

Three references are necessary to complete your application. Please send the Cove Camp Referral Form to your references. We ask that you do not include family members. We require at least two references to be a Christian leader/worker (that is; Pastor, Youth Pastor, Sunday School teacher, etc.). When you send the referral forms, make sure to put your name and the position you are seeking at the top of each sheet. To make it more convenient for your references, provide a stamped envelope addressed to the director of the camp for which you are applying. List your three references below:

1.			
2.			
3.			
	Name	Relationship	Phone

It is understood that if I am chosen to be a part of the camp staff, I will cheerfully cooperate fully with the director and other camp staff. I will continue to pursue personal growth with the Lord Jesus Christ. It is my desire to serve with a servant’s heart and to maintain the spirit of unity within the staff team. I understand that anyone demonstrating a different attitude or a poor quality of service may be asked to leave at their own expense. It is understood that if I am chosen, I will be required to abide by all camp policies, standards and regulations. I affirm that I have neither been convicted of, nor am I subject of pending charges for any offense involving actual or attempted child abuse or sexual molestation in any jurisdiction. I hereby grant Cove Camp permission to conduct a police background check with the understanding that the findings of that background check will remain confidential.

Applicant’s Signature	Date

Send this completed form to the director of the camp for which you are applying. The director’s name and contact information is listed below.

- K - 2nd Grades Director: Marc & Shawna Calvert - 605 S. Broad St.; Weston, OR 97886; (541) 861-9757
email: cmcalvert2@msn.com
- 3rd & 4th Grades Director: Steve Lyons - 518 S Main St.; Milton-Freewater, OR 97862; (541) 938-3854
email: steve@miltonfreewatercc.com
- 5th & 6th Grades Director: Boon Setser - 908 J Av., La Grande (503) 339-5845
email: Boonsetser@gmail.com
- 7th - 12th Grades Director: Nate Banta - 984 SW 2nd St.; Ontario, OR 97914; (208) 272-1481
email: nate@childhelpinternational.com
- Winter Camp (Grades 6-12) Director 2020: