

Central Pacific Conference
United Church of Christ

OUTDOORS MINISTRY PROGRAM
CAMP ADAMS
PILGRIM COVE

COUNSELOR-IN-TRAINING AND JUNIOR COUNSELOR APPLICATION

Camp session you would like to serve at if chosen:
at Camp Adams _____ Pilgrim Cove

NAME _____ PHONE NUMBER _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ BIRTHDATE _____

E-MAIL _____

Name of Church of which you are a member:

Your current year in school: F S J S

SCHOOL ACTIVITIES

Please list any class or extra curricular activities at school which you think would help you as a counselor:

WORK BACKGROUND

Please list any previous work experience which you feel will be helpful to you as a camp counselor:

Are you acquainted with Camp Adams? ____ Yes ____ No Pilgrim Cove? ____ Yes ____ No
(If yes, please indicate your previous association[s])

(OVER)

What age group do you especially like to work with and why?

Why do you want to be a counselor-in-training?

Personal information

Have you ever been accused of, pleaded guilty to or been convicted of a crime?

_____ Yes _____ No

If yes, please explain:

Do you have a driver's license? If yes, please list number below:

Number _____ Date Issued _____

Personal References (Persons who have known you for some time - teacher, minister, employer)

Name _____ Telephone number _____

Name _____ Telephone number _____

Applicant's Signature _____ Date _____

Return to:
Central Pacific Conference Office
0245 SW Bancroft, Ste E,
Portland, OR 97239