



Community of Christ
MIDSOUTH MISSION CENTER YOUTH CAMPING PROGRAM

VOLUNTEER STAFF APPLICATION

STOP: Are you a registered Community of Christ Youth Worker? Check with your pastor and/or youth leader. You must be a registered Youth Worker by May 1.

NOTE: The director for each camp will be selected by the Midsouth Mission Center Youth Council from the applications received. The directors will then select volunteers to staff each camp.

However, filling out this application does not make you an automatic staff member.

NAME: _____ DATE OF BIRTH: _____ SEX: ___M___F
mm/dd/year

ADDRESS: _____

PHONE: (home): _____ (cell): _____ (work): _____

E-MAIL: _____

CONGREGATION: _____

DESIRED POSITION(S) (director, co-director, counselor, nurse, pastor, etc.):

T-SHIRT SIZE: ___XS___S___M___L___XL___XXL___XXXL

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATION: _____

PHONE: _____ (HOME) _____ (CELL) _____ (OTHER)

ADDRESS: _____

2ND CONTACT:

NAME: _____ RELATION: _____

PHONE: _____ (HOME) _____ (CELL) _____ (OTHER)

ADDRESS: _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD



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Please be thoughtful in answering the following questions. The camp directors will be using this as a guide for their selection of the best staff for each camp.

1. Circle the camp(s) you would like to work this season:

Early Jr. camp (ages 7-8): June 12-13 **Jr. High camp (ages 12-14):** June 6-10

Jr. Camp (ages 9-11): June 13-15 **Sr. High camp (ages 15-18):** June 2-6

2. What ministries, talents, and ideas are you able to bring to this age group? (Please answer for each age group previously selected)
3. Is there a particular age group(s) you would feel uncomfortable working with? (For example: I would not like to work with Sr. High age.)
4. Please briefly share why you desire to serve at this Community of Christ sponsored youth camp? (Please answer accordingly for each age group selected)

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Please list two references who know you well. Make sure all contact information is current.

Reference 1:

NAME: _____

ADDRESS: _____

PHONE: (home): _____ (cell): _____ (work): _____

E-MAIL: _____

CONGREGATION: _____

Reference 2:

NAME: _____

ADDRESS: _____

PHONE: (home): _____ (cell): _____ (work): _____

E-MAIL: _____

CONGREGATION: _____

Please send this application and its attachments to:

Ms. Heather Dawbarn
5128 MacArthur Ave.
Murfreesboro, TN 37129
heatherrdawbarn@aol.com
(615) 557-3331

*Again, please be mindful that filling out this application does not guarantee you a position on staff.
Thank you for being willing to volunteer and invest your time and talents supporting the “here and now” of our Mission Center.*

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DIRECTOR'S AIDE

*These questions are for the directors' use when contacting the listed references from a Youth Camping Volunteer Staff application. These questions serve as a basic questionnaire for all camps. Directors, please create and use questions directly related to your camp as well.

1. How do you know (applicant's name)? For how long have you known them?

2. They have volunteered to work at (list of camps). How do you think they would be able to handle this age group(s)?

3. Are you aware of their experience working with this age group(s) before? If so, what is it?

4. Do they show a reasonable amount of maturity and responsibility?

5. Do you feel that they are capable of handling a direct supervisory role?

6. Could you tell me of 1 situation in which they reflected the Christ or Christ-like behavior in their life?

Other questions/comments: