

OHIO VALLEY CHRISTIAN YOUTH CAMP STAFF APPLICATION

Name: _____ Phone: _____ Date: _____

Address: _____

Street City State Zip

How long at this address? _____

Age: _____ Sex: _____ Married? _____ If yes, how many children? _____

Of what church are you a member?

Street City State Zip

Date of last background check: _____ Performed by: _____

Email: _____

Please give name and address of two active Christians (Preacher, Elder, Teacher, etc.) to whom we may write regarding your qualifications, where you would best fit into the camp program of activities, etc.

Name: _____ Phone: _____ Capacity: _____
Preacher, Elder, etc.

Address: _____
Street City State Zip

Name: _____ Phone: _____ Capacity: _____
Preacher, Elder, etc.

Address: _____
Street City State Zip

How long have you been a Christian? _____ List any areas of church work in which you have had experience (preaching, teaching, song leading, etc.)

Have you had any experience in youth camp or other similar work?

If yes, please list activities and special duties:

Educational background: _____ College: _____

Field of study:

Week(s) applying for: _____ Junior(ages 8-11) _____ Intermediate (ages 11-14) _____ Senior (ages 14-19)

Signature

Date

I am interested in:

___ Coaching	___ Assist Coaching	___ Photographer
___ Hiking	___ Evening Activities	___ Teach singing
___ Campfire building	___ Nurse	___ Leading Singing
___ Dishwasher	___ Lifeguard	___ Bible Teacher
___ Bible bowl judge	___ Store Keeper	___ Kitchen staff
___ Being a director \ co-director (week _____)		

Jr. Week

Mail or Email Your Completed Application To:

Intermediate Week

Ernie Cornell
littlehockingyouth@gmail.com
740-350-4698

Sr. Week

Drew Crawford
dcrawford@12.2v.us
740-525-0676

FOR DIRECTORS TO FILL OUT:

The Directors would like you to serve as _____
_____ for the
week of _____.