

TRI-PRES CAMP APPLICATION – Recreation Team

**Application must be received by the screening committee for consideration
before June 21, 2015 (2015 camp dates - 8/9-14)**

Name: _____

Age: _____ Grade: _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

E-Mail _____

Gender (Check one): Male Female

Church you attend: _____

Are you a member? Yes No

How frequently do you attend? ____ Weekly ____ Frequently ____ Occasionally

Please explain any previous experience working as a counselor for junior age children or any other experience working with this age group.

Skills you can offer (lifeguard, nursing, waterfront, crafts, etc):

Please list any current certification in any of the above skills:

Name two personal references (not a relative or your pastor) above the age of 18:

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Relationship _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Relationship _____

Briefly describe your relationship with Christ:

What has God been teaching you recently?

What draws you to want to serve as a Rec Team member?

Do you feel that you are spiritually mature enough to set a positive, Christ-like example for the campers? Explain:

Is there any sin in your life that should prohibit you from serving on the Rec Team?

Yes No

Have you been to Tri Pres before, whether on the Rec Team or as a Counselor? If so, please tell us why you want to return to camp.

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I am willing to abide by the rules set down by Skycroft Conference Center and the Tri-Pres Camp Committee. I am willing to submit to a personal interview by someone on the Tri-Pres Camp Screening Committee if deemed necessary. I recognize the Tri-Pres Screening Committee must approve my application and that by submitting an application, I will not automatically be accepted on staff. I also understand that I must follow leadership of the Tri-Pres Camp Committee. I have never been convicted of a sexual crime. I further attest that all the above information is true and accurate.

Applicant's Signature: _____

Date: _____

Please mail this completed application and your check to

Jesse Reed
522 Broadwater Road
Arnold, MD 21012

Also, have your Pastor complete the Pastor's Reference form. He will then email/mail it to Jesse Reed.

The cost of camp, for staff, is \$100.