

Fusion Street Ministries

fusion: \fyu-zhen\ n: a merging of diverse elements into an unified whole

Fusion Camp 2011
Counselor/Worker Application

Name _____ M/F _____

Street Address _____

City _____ State _____ Zip _____

Phone # (____)____-____ Age _____ Date of Birth ____/____/____

E-mail address _____

Have you ever been to camp before? _____

Emergency Contact _____

Relationship to Staff _____ Phone# (____)____-____

Do you have any illnesses we need to be aware of? _____ If yes, please explain: _____

Do you take any medications regularly? _____ Name of medications and dosage: _____

Do you have any allergies?_____ (i.e. plants, insect stings or bites, foods, medications, etc.) If yes, please explain. _____

Church presently attending. _____

City _____ State _____ Zip _____

Pastor's name _____ Office Phone # (____)____-____

Do you attend on a regular basis? _____

How long have you been born again? _____

In what ministries have you been active in at your church? _____

Have you worked on staff in a camp situation before? _____ In what capacity? _____

What area of ministry are you interested in working at camp? (i.e. cook, kitchen help, counselor, night watchman, lifeguard, etc.) _____

I have read and understand the camp code and guidelines for counselors. I give my permission for camp pictures or video of myself to be used in camp publications and promotional activities.

Signature _____ Date _____

Please return this application to your pastor.

Pastor, please review this application and give your approval or disapproval of the applicant. Your signature is needed to approve this application. "I approve of this applicant as a worker or counselor for camp."

Signature _____ Date _____