

# SICC CAMP ADULT APPLICATION

Day Camp: June 21-25

Overnight Camp: July 11-16

Name \_\_\_\_\_ Age \_\_\_\_\_ M / F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Church \_\_\_\_\_

Ministries, Hobbies, Interests \_\_\_\_\_

## Areas of Service you are interested in

Director     Teacher     Small Group Leader/Helper  
 Optional Class Teacher/Helper     Sports/Games     Kitchen  
 Music     Counselor/Assistant Counselor     Nurse     General

Please, circle which camp you are applying for, and check which area/s of service you are interested in volunteering for. We ask each applicant to include their testimony written on the back of this page or on an additional piece of paper. In addition, we require each applicant to get a letter of reference from their pastor. Each applicant is required to go through the interview process with our Board of Directors at meeting times to be sent out at a later date. Return application, testimony, and letter of reference to Heather Greer, 5078 Old US Hwy 51, Makanda, IL 62958 for overnight. Or Donna Stearns, 5032 Old US Hwy 51, Makanda, IL 62958 for day camp. Please, return day camp apps by May 1<sup>st</sup> and overnight apps by May 15<sup>th</sup>.

