

## 2008 San Diego District Camp Volunteer Staff Application

Everyone needs to apply even returning staff members. Fill out all 3 pages. If you have questions or need more information, contact Alisa Wells at [campcedarglen@yahoo.com](mailto:campcedarglen@yahoo.com) or call 760-765-0477.

Date of Application:

Name:

Age:

Birthdate:

Phone Number(s):

E-mail address:

Home Street Address:

City, State, Zip

If you are away at college, what is your address at school?

Where is your church membership?

Which local church do you attend?

Who is the pastor?

How regularly do you attend church and/or youth group?

Please check the camps you are interested in staffing. If you are choosing more than one, please number in order of your preference.

Senior High Camp (July 12-19)

Junior High Camp (July 19-26)

Older Elementary Camp (July 26- Aug. 2)

Younger Elementary Camp (July 26-30)

\*Please note that the staff is asked to commit to go to camp on the Saturday before camp.

In what capacity would you like to serve on the staff? (Circle your choices.)

Dean    Dean In Training    Theologian    Camp Chaplain    Medical/Nurse

Music Leader    Craft Coordinator    Cabin/Small Group Leader

Leader-in-Training    Media Coordinator    Other: \_\_\_\_\_

What previous experience do you have working with the age group?

What camps have you attended?

Previous camp staff experience. Please include the name of the camp dean / director that you worked with.

What personal gifts do you bring to camp? (Interests, hobbies, talents, etc.)

Are there any particular concerns or issues that you have as you come to the camp staff?

Is there any reason that you would not be able to fully participate in all of the activities of camp and camp preparation (including staff meetings)?

Have you ever been convicted of a felony?

Have you ever been convicted of child abuse?

Are you involved in any pending litigation involving a felony or child abuse?

San Diego District United Methodist Camping will be doing back round checks on all staff that are ages 18 and up. I am willing to complete the paperwork and submit to a back round check if I am selected as camp staff. \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print your name: \_\_\_\_\_

Name: \_\_\_\_\_ (in case your pages get separated)

Tell us something about you and your faith journey.

Who is someone that influenced you on your journey and how?

Anything else you think we should know while considering your application for camp staff.

Please have your pastor, youth leader or another church staff fill out this section on your behalf.

I will support \_\_\_\_\_ in his / her journey this year as a staff on San Diego District United Methodist Camp Staff.

Anything you would like us to know about this person.

Pastor and / or Youth Director: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application to: Alisa Wells  
District Camping Coordinator  
PO Box 1432  
Julian, CA 92036