

# CAMP OTYOKWAH 2019 SUMMER VOLUNTEER STAFF APPLICATION

Please Print Clearly.

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Office Use)

## 1. PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

## 2. I AM APPLYING FOR THE FOLLOWING CAMP(S):

Pioneer Camp     Sr. High Camp     Jr. High Camp     Intermediate Camp

## 3. PLEASE CHECK THE POSITION(S) YOU ARE APPLYING FOR

Note: If interested in multiple positions, please select more than one.

Service Crew Leader     Vespers Leader     Teacher     Kitchen Help     Craft Leader

## 4. SHARE THE REASON(S) YOU DESIRE TO VOLUNTEER FOR A WEEK.

## 5. CAMP EXPERIENCE

Camper     Yes     No    Year(s) \_\_\_\_\_ Where \_\_\_\_\_  
Camp Staff     Yes     No    What position(s) \_\_\_\_\_  
Year(s) \_\_\_\_\_ Where \_\_\_\_\_

## 6. REFERENCES List 2 references & their relationship to you. All references must be over 21 years of age and not be a relative.

Ref. # 1: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Ref, # 2: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## 7. IMPORTANT INFORMATION *CoG Pastors may skip this Section.*

Where do you attend church/have membership? \_\_\_\_\_  
Are you active/involved? In what ways? \_\_\_\_\_  
\_\_\_\_\_

## PLEASE ANSWER THE FOLLOWING QUESTIONS IN YOUR OWN WORDS

Q #1: Please give your personal testimony. Please describe how you first realized your need for Christ in addition to some important moments in your Christian walk.

Q#2: If a camper expressed interest in becoming a Christian, how would you help them?

Q#3: Briefly describe the spiritual growth you have experienced in the last year.

**8. COMPLIANCE AND PERMISSION**

By initialing below, Camp Otyokwah has permission to use my likeness for promotional purposes including but not limited to print-based and internet-based advertising and promotion unless I explicitly retract permission separately in writing.

Camp Otyokwah’s objective is to be a strong, positive Christian influence on campers who are developing their personal habits and values. A Staff member’s example is most important in achieving this objective. Accordingly, Camp Otyokwah asks that all staff refrain from the use of any tobacco product, any alcoholic beverage, any illegal drug and maintain good personal habits of conduct, grooming, and hygiene. Can you comply with this policy?

If so, please initial here: \_\_\_\_\_

**READ CAREFULLY, then check and sign accordingly.** If you disagree with any of the below, leave the line unchecked and explain your differences on a separate sheet of paper.

- I accept the Bible as the inspired word of God and trust Jesus Christ as my Lord and Savior.
- I agree to abide by all rules and regulations set by Camp Otyokwah..
- I understand that if offered a volunteer position at Camp Otyokwah, I will be committing myself to a week of service, and that my behavior and attitude will be examined in terms of my example and ministry to others.

I certify the checkmarks above. I understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp and....

...by signing my name below, I have made application to Camp Otyokwah of the Great Lakes Conference, Churches of God, General Conference (herein referred to as Camp O).

I hereby authorize the Camp O to make any investigation of my personal or employment history. I authorize any information or opinion they may have regarding me.

In consideration of Camp O’s review of my application, I hereby release Camp Otyokwah of the Great Lakes Conference, Churches of God, General Conference and all providers of information from any liability as a result of furnishing and receiving information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**THIS APPLICATION IS TO BE HELD IN THE STRICTEST OF CONFIDENCE AND WILL BECOME PART OF THE PERMANENT FILE OF THE PERSON NAMED ON THIS FORM.**

**STATEMENT OF HEALTH:** Please note that in case of medical treatment and/or expense, your personal medical coverage will be the primary carrier. Insurance for Camp Otyokwah of the Great Lakes Conference is secondary to your personal coverage.

**Did You:** Complete all sections, sign and check where needed, and hand out your references?

**Return to:**  
Camp Otyokwah, 3380 Tugend Rd., Butler, OH 44822  
or  
Scan & Email to director@otyokwah.org