

Red Lodge Camp 2019 Volunteer/ Counselor Application
(application must be received no later than May 24, 2019)

Name _____

Male Female Age _____ Previous Years Served As Counselor _____

Home Address _____

City _____ State _____ Zip _____

Cell Phone _____ Land Line _____

Home Church _____ Church City _____

Pastor's Name _____

(If under 18 please include a letter of recommendation from your pastor with this form)

Camp Dates Desired: High School (6/16-6/21)
 Family Camp (6/21-6/23)
 6th, 7th, 8th (6/23-6/28)

Positions you are willing to perform:

| | | |
|--|----------------------------------|---------------------------------|
| <input type="checkbox"/> Cabin Counselor | <input type="checkbox"/> Games | <input type="checkbox"/> Music |
| <input type="checkbox"/> Campfires | <input type="checkbox"/> Hikes | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Kitchen | Other _____ |

I have read the counselor requirements sheet and do not have a record of sexual or other kinds of abuse. I hereby promise that all my teaching, language, and behavior as a Counselor of the Montana District Summer Camp will be, to the best of my ability, in accordance with the doctrine and practice of the Lutheran Church-Missouri Synod. I understand that any violation of this promise, in the sole determination of the Director of the camp, is grounds for immediate removal.

Signature _____ Date _____

If over 18 years of age:

Social Security Number _____

Birthdate _____

Opening time for all High School Camp counselors and other volunteers will be Saturday, June 15, at 3:30 pm. We will clean the main buildings, unload the trailers, eat dinner, discuss the week, and stay the night. Will you be able to arrive at this time?

Yes No If not, when do you plan to arrive? _____

Opening time for all other counselors will be June 21, at 4:30 pm. We will have dinner, discuss the week, and stay the night. (Family Camp starts that night). Will you be able to arrive at this time?

Yes No If not, when do you plan to arrive? _____

Please mail this form back to Pastor Terry Forke, 30 Broadwater Ave, Billings, MT 59101 or you can scan and email it to at office@mtdistlcms.org

Questions? Email office@mtdistlcms.org or call (406) 259-2908.

If you are over 18 your signature on this form means that you understand and give the Montana District of the Lutheran Church Missouri Synod permission to run a background check on your person for the purposes of ascertaining that you do not indeed have any type of criminal background that would prohibit you from working with youth.

Signature:

Date: