COUNSELOR & WORKER APPLICATION / NAZARENE CAMPS 2023

Primary Camp	Middle School Camp	Junior Camp Senior High Camp			
Grades 1-2-3	Grades 6-7-8	Grades 4-5 Grades 9-10-11-12			
June 19-23	June 26-June 30	July 3-7 July 17-21			
Mail to:	Mail to:	Mail to: Mail to:			
Brenda Koontz	Laura Crouch	Audra Wilkinson Bennett Briles			
PO Box 13235	1605 DuPont Avenue	158 Lincoln Heights 415 Old Colliers Wa			
Charleston, WV 25360	Belle, WV 25015	Alum Creek, WV 25003 Weirton, WV 26062			
beekoontz@gmail.com	lcrouch@mail.kana.k12.wv.us	audrajthomas15@gmail.com bennett@weirtonnaz.com			

Send Worker Application to the director of the camp that you plan to attend.

Name of Volunteer:	_Birthdate:	_T-shirt size S M L XL XXL			
Address:	City/St/Zip				
Email (if available):	_Cell Number:				
Nazarene Church you attend:	_ Pastor's Name ;				
How long have you been part of this Church?	Are you a Member: Y N How long?				
What positions have you held in the Church of the Naza	rene? (Sunday School, Quizzing	.)			

Do you abide by the rules of the Church of the Nazarene?	Y	/	Ν
Will you abide by the rules of the camp that you attend?	Y	/	Ν
Have you completed a background check form?	Y	/	Ν
Have you ever been charged with or convicted of sexual assault?	Y	/	Ν

(Please make a copy of insurance card and attach the copy to this registration form)

In what area would you like to assist:			
Counselor (in student dorm)			
Sports WorkerTeen Worker			
Teacher			
Night Watchman			

Volunteer Signature: _____

(all applications to as a volunteer/worker at our youth and children's camps must include a Nazarene pastor's recommendation)

Pastor's Recommendation

I have read the application above and to the best of my knowledge, I can recommend this volunteer for the work with the children and youth of our Nazarene Camp in Summersville, West Virginia.

Pastor's Signature: _____ Phone: ______ Phone: _____ Phone: ______ Phone: _______ Phone: _______ Phone: _______ Phone: _______ Phone: ______ Phone: _______ Phone: ______ Phone: ______ Phone: _______ Phone: _______ Phone: ______ Phone: _______ Phone: ______ Phone: ______ Phone: ______ Ph