

Union Grove Missionary Baptist Church Summer Camp Counselor Application 809 S. Davis Drive, Warner Robins, GA 31088 ~ 478-922-5514

DEADLINE **FOR** APPLYING: May 3, 2015

*Complete the entire application (please print). *Incomplete and/or unsigned applications will not be processed.

Name: (Last)	(First)			(M)				
Address:	City:							
tate: Zip:	E-mail:							
hone: Home	Cell							
Pate of Birth:	: Shirt Size (circle one) S M L XL XXL							
PR/First Aid certified? YE	ES or NO If yes, certification da	te:						
	to be a camp counselor?							
rease explain why you want	to be a camp counselor.							
	EDUCATION AND TRAINI	NG						
CHOOL NAME & LOCATION	Years Attended From T	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)				
ementary				of the second				
gh School								
ollege/University								
bllege/University								
ighest Degree Earned								

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				REA	ASON FOR LEAVING		
Company Name	Phone N		Dates of Employment From (Mo/Yr) To (Mo/Yr)				
Address (Include St Code)	reet, City, State, Zip						
Job Title-Start	Job Title-Final	Base Start	Rate of Pay Final				
Supervisor (Name &	t Title)						
Description of Job I	Outies						
Company Name	Phone N	No. Dates of From (Mo/	f Employment Yr) To (Mo/Yr)	RE	ASON FOR LEAVING		
Address (Include St Code)	reet, City, State, Zip						
Job Title-Start	Job Title-Final	Base Start	Rate of Pay Final				
Supervisor (Name &	t Title)						
Description of Job I	Outies	I	I				
eferences: tho	se you have kr	nown at least one ; Address	year (no family	y members pleas Telephone	6e) How they know you:		
	here to the sta	ndards of conduc			Counselors and other rul		
Signature of Applicant		<u>t</u>	Date		Parent/Guardian Signature (if under 18 years of age)		