

Camp Okoboji Volunteer Counselor Application

Thank you for applying to be a Volunteer Counselor at Camp Okoboji! Your interest in furthering Camp Okoboji's vision to refresh guests' body and spirit is very appreciated. Please take your time in filling out this Volunteer Counselor Application.

Contact Information

First Name		Last Name	
Date of Birth			
Home Town			
High School / College			
Best Phone # To Reach You			
E-mail			
Address			
Home Congregation & City		Denomination	
Parent/Guardian Contact Information (if under 18)			
Mother's Full Name		Father's Full Name	
Mother's Phone #		Father's Phone #	
Mother's E-mail		Father's E-mail	

T-Shirt Size:

___ Small

___ Medium

___ Large

___ XL

___ XXL

___ XXXL

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Volunteer Counselor Questions

Please answer the following questions as comprehensively as possible. This allows us to get a glimpse of who you are and how your gifts and talents can be utilized to ensure Camp Okoboji's Programs are as excellent as they can possibly be.

1. I would like to serve as a counselor for (check all that apply). Note that committing to serving as a counselor also requires a commitment to attending Counselor Orientation the Saturday (approximately 1:00-5:00 pm) prior to the program.

___ Cub Week #1 – June 14-18

___ Junior High Week - July 5-11

___ Cub Week #2 – July 12-18

___ Youth Week – July 19-25

2. Why would you like to serve as a Volunteer Counselor at Camp Okoboji?

3. Provide a brief statement of your faith.

4. Do you have any experience being a counselor? Yes No

5. Describe a time when you were in a leadership position. What were some decisions that you needed to make?

6. What characteristics do you believe good leaders have?

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7. *What characteristics, strengths, and talents do you possess that you believe make you suitable to be a counselor?*

8. *What do you hope campers receive from their experience at Camp Okoboji?*

9. *Specify if you have led any of the following in the last two years:*

Devotion If so, what was the topic:

Bible Study If so, what was the topic:

Worship

10. *Do you play any instruments? Yes No*

If Yes, what instruments?

11. *Are you First Aid/CPR Certified? Yes No*

12. *Do you have any food allergies? Yes No*

If Yes, what are they?

References

<u>Pastor Reference</u>		<u>Character Reference</u> <i>I.e. Former employee, co-worker, friend, teacher</i>
Pastor of Home Congregation		Name
Pastor Phone #		Relationship
Pastor E-mail		Phone #
		E-mail