

# CAMP SPOFFORD

## PERSONAL INFORMATION

<b>NAME</b>		<b>SOCIAL SECURITY #</b>		
<b>PERMANENT ADDRESS</b>				
CITY, STATE, ZIP				
<b>PRESENT ADDRESS (IF DIFFERENT)</b>				
CITY, STATE, ZIP				
<b>AGE</b>	<b>DATE OF BIRTH</b>	<b>M</b>	<b>F</b>	<b>E-MAIL</b>
<b>HOME PHONE</b>		<b>CELL PHONE</b>		
<b>HOME CHURCH</b>		<b>HOW OFTEN DO YOU ATTEND?</b>		
<b>PASTOR'S NAME</b>		<b>PASTOR'S PHONE NUMBER</b>		
<b>LIST ANY OTHER CHRISTIAN GROUPS OR BIBLE STUDIES YOU ATTEND REGULARLY (I.E. YOUNG LIFE, INTERVARSITY)</b>				

EDUCATION	SCHOOL	CITY	YEAR COMPLETED
HIGH SCHOOL			
OTHER			

**LIST ANY SCHOOL ACTIVITIES YOU ARE INVOLVED IN.**

**WHAT ARE PLANS AFTER HIGH SCHOOL?**

**PLEASE LIST ANY CERTIFICATES YOU WILL HAVE EARNED BEFORE THIS SUMMER (ie. CPR, lifeguarding)**

**HOW DID YOU HEAR ABOUT CAMP SPOFFORD?**

**POSITION PREFERENCE: PLEASE INDICATE ALL POSITIONS THAT INTEREST YOU IN ORDER OF PREFERENCE**

	<b>WAITSTAFF</b>	
	<b>HOUSEKEEPING</b>	
	<b>LIFEGUARD</b>	
	<b>DISHROOM</b>	
	<b>PRECAMPERS</b>	
	<b>NURSERY</b>	

**REQUESTED RELEASE DATE:** (you are permitted to leave for school reasons, however the longer you can stay the higher a chance you have of being selected.)

Date School Starts	Requested Release Date
Reason	

**QUESTIONS:** (please answer honestly and as completely as possible; you may want to use another sheet of paper)

<b>WHAT ARE YOUR PRESENT DEVOTIONAL PRACTICES?</b>
<b>HOW WOULD YOU DESCRIBE YOUR PRESENT RELATIONSHIP WITH GOD?</b>
<b>HOW DOES SOMEONE BECOME A CHRISTIAN?</b>
<b>WHAT IS THE VALUE OF FELLOWSHIP WITH OTHER CHRISTIANS?</b>
<b>WHY DO YOU WANT TO PARTICIPATE IN AFTERSHOCK?</b>
<b>WHY SHOULD YOU BE SELECTED FOR AFTERSHOCK?</b>

**YOUR STORY:** (take some time to let us know how you became a Christian and what it means to you)


By the signing of my name below, I affirm that I have completed this application truthfully and have read and agree with both the Camp Spofford *Covenant Form* and *Statement of Faith* from the Evangelical Free Church of America.

I also give my permission for Camp to conduct a criminal background check based on the information I have provided.

APPLICANT SIGNATURE	DATE
Since you are under 18 years of age, your parent(s) must sign.	
PARENT/GUARDIAN SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE	DATE