



Volunteer Staff Application

By completing this form, you are applying for a volunteer staff position at Camp Little Light. This is an unpaid position. You may want to seek monetary support from your church. The information you provide will be used in selecting staff for Summer. Applicant should complete Page 1 and the top of Page 2. Applicant's Pastor or Youth Pastor should complete pages 2 & 3. Early return of these pages would be greatly appreciated. Any information you give us will be held in the strictest confidence. Camp Staff training is required prior to volunteering at the camp.

Name _____ Age _____ M/F _____

Address _____

City _____ State _____ Zip code _____

Primary phone # _____ May we send you a text message? _____

Parent(s)/Guardian Name (If under age 18): _____

Parent(s)/Guardian Phone # _____ Alternate Phone # _____

Email address _____

1. Where do you go to church? _____

Pastor _____ Phone Number _____

Services regularly attended _____

2. Have you ever been a camper at Camp Little Light in the past? _____ No _____ Yes If Yes, when? _____

3. Have you ever been a camp staff member anywhere? _____ No _____ Yes

If Yes, Where? _____ For how long? _____

4. Why do you want to serve at Camp Little Light? _____

5. Please list at least two references (not family members) who have known you for at least one year. One should be your pastor or youth pastor.

Pastor (or Youth Pastor) _____

Address _____ Phone _____

Email Address: _____

Person #2 _____ Relationship to applicant _____

Address _____ Phone _____

Email Address: _____

6. Tell us how you know you are going to Heaven (use the back if needed). _____

7. T-Shirt size: _____ Signature: _____ Date: _____

Please mail or deliver directly to: Camp Little Light, Attn: Volunteer Staff Application, 227 Little Light Drive, Royston, GA 30662 Questions? Contact Weston Stratton at 706-498-1485.

Volunteer Staff Applicant should complete this section:

Applicant's name _____

Address: _____

City: _____ State: _____ Zip: _____

Pastor or Youth Pastor should complete this section:

Note to person completing this form: The above person is applying for a volunteer staff position at Camp Little Light. The information you provide will be used to help Camp Little Light try to determine an objective view of the applicant's personal character. Early return of this form would be greatly appreciated. Any information you give us will be held in the strictest confidence.

1. How long have you known the applicant? _____ In what capacity? _____

2. To your knowledge, is the applicant a Christian? ____ Yes ____ No Notes: _____

3. Does the applicant appear to be growing in his/her Christian experience? ____ Yes ____ No

Please explain: _____

4. Does the applicant take active interest in Christian service? ____ Yes ____ No Notes: _____

5. Has the applicant demonstrated an active response to understanding the Scripture, personal witness and prayer life? _____

6. Please indicate which statement best describes the applicant in relation to each character listed below:

| | MOSTLY | SOMETIMES | SELDOM |
|----------------------------------------|--------|-----------|--------|
| ABLE TO FOLLOW INSTRUCTION | | | |
| LOYAL | | | |
| OUTGOING AND FRIENDLY | | | |
| AN ABLE LEADER TO OTHERS | | | |
| CONSISTENT IN CHRISTIAN TESTIMONY | | | |
| DISCIPLINED IN PERSONAL HABIT | | | |
| ENTHUSIASTIC | | | |
| ABLE TO COPE WITH OTHER'S PROBLEMS | | | |
| EASILY OFFENDED | | | |
| INCLINED TO CRITICIZE OTHERS | | | |
| MOODY | | | |
| ABLE TO WORK WITHOUT CLOSE SUPERVISION | | | |
| ABLE TO WORK IN A TEAM SITUATION | | | |

7. Please grade the applicant on the following characteristics and traits. Please make your evaluations based on the applicant's relationship to his/her own age group. If you cannot make an evaluation on a particular area, please mark NA. Superior = 1 Above Average = 2 Average = 3 Weak = 4

| | | |
|-------------------------------|--------------------------|--------------------------------------|
| _____ Personal grooming | _____ Sense of humor | _____ Willingness to serve |
| _____ Tact | _____ Courtesy | _____ Attitude toward hard work |
| _____ Judgment | _____ Initial impression | _____ Public speaking ability |
| _____ Ability to make friends | _____ Punctuality | _____ Honesty and personal integrity |

8. If the applicant is selected to volunteer at Camp Little Light, he/she will be in direct contact with children and/or teenagers. Are you aware of any circumstances involving the applicant that would cause into question this person being entrusted with the supervision, care and/or guidance of children or teenagers? _____ Yes _____ No
If yes, please explain _____

9. Please list one strength and one weakness of this applicant:

Strength _____
Weakness _____

10. Please check your choice of recommendation:

_____ I strongly recommend
_____ I recommend with some reservation
_____ I DO NOT recommend

11. Any additional comments you feel would be helpful for us to know in making our determination.

If you have any other comments, insight or opinions, please feel free to give us a call at 706-296-4611.

Signature _____ Date _____
Printed name _____ Relationship to Applicant _____
Address _____
City _____ State _____ Zip _____
Phone # _____ Best time to call _____

Thank you for your assistance. Please do not return this form to the applicant. Please return it to the following address: Camp Little Light, Attn: Volunteer Referral, 227 Little Light Drive, Royston, GA 30662 Questions? Contact Weston Stratton at 706-498-1485.