



## 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 Dr, Royston, GA 30662**

**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
<b>ABLE TO FOLLOW INSTRUCTION</b>			
<b>LOYAL</b>			
<b>OUTGOING AND FRIENDLY</b>			
<b>AN ABLE LEADER TO OTHERS</b>			
<b>CONSISTENT IN CHRISTIAN TESTIMONY</b>			
<b>DISCIPLINED IN PERSONAL HABIT</b>			
<b>ENTHUSIASTIC</b>			
<b>ABLE TO COPE WITH OTHER'S PROBLEMS</b>			
<b>EASILY OFFENDED</b>			
<b>INCLINED TO CRITICIZE OTHERS</b>			
<b>MOODY</b>			
<b>ABLE TO WORK WITHOUT CLOSE SUPERVISION</b>			
<b>ABLE TO WORK IN A TEAM SITUATION</b>			

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 Dr. Royston, GA 30662](#)**