



iEXPRESS CAMP COUNSELOR APPLICATION

Contact Information		
Name		
Mailing & Street Address		
City, ST, ZIP Code		
Home Phone		
Cell Phone		
E-Mail Address		
High School		GPA
Church Affiliation		
Date of Birth	T-Shirt Size	

Availability

Camp is June 2-13, 2014. During which days and hours are you available for volunteer assignments?

Please check the time in which you are available: <input type="checkbox"/> 7:30 AM- 12 Noon <input type="checkbox"/> 11 AM- 3:30 PM <input type="checkbox"/> All Day
Please check the day(s) in which you are available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Indicate your Start Date _____ and End Date _____

Extracurricular Activities/Community Service

Summarize or List 2 past or previous extracurricular activities or community service events that you have be a participant.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City, ST, ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Fourteen (14) is the minimum age for volunteers. As a volunteer you are required to attend training and interview with the camp director and or Senior Pastor.

Name (printed)	
Signature	
Parent/Guardian Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us.

College readiness and scholarship information provided to all volunteers.

Please return the completed application to:
The Tower of Prayer Church

(ATTN: iExpress Camp)
8429 1st Avenue, P.O. BOX 1396
Leeds, Alabama 35094