



CAMP ADAMS

Central Pacific Conference, United Church of Christ, Outdoor Ministries Program

COUNSELOR-IN-TRAINING AND JUNIOR COUNSELOR APPLICATION

NAME _____

PHONE _____

EMAIL _____

ADDRESS _____

BIRTHDATE _____

Are you affiliated with a UCC church? If so, which one(s)? Are you acquainted with Camp Adams? If so, how?

Please list any school or extra-curricular activities which you think would help you as a counselor?

Please list any previous work experience which you feel will be helpful to you as a camp counselor?

What age group do you especially like to work with and why?

Why do you want to be a camp counselor?

Personal References (Persons who have known you for some time- teacher, minister, employer)

Name _____ Email _____

Name _____ Email _____

Applicant's Signature _____

Date _____

**Please send or scan to Natalie Becker at campadams.om@gmail.com or 18499 S. Hwy
211, Molalla, OR 97038**