Children's Camp Worker Application 2024

June 10th-13th

Name		
Address		
ome Phone Cell Phone		_ Cell Phone
Age	Birthday	Tee Shirt Size
Email		
Years Active	Name(s) of pa	arent(s)
Extra-Curricular Acti	vities	
Tell Us About Your	self	
What do you conside	er your strengths?	
What do you conside	er your weaknesses?	
Number of church se	ervices/activities you attende	d in past month
Please write out a s	summary of your testimony	and include with this application.
If you are over 18, v	we will need a background	check.
Workers will need t children's arrival. E		do whatever needs to be done to prepare for the
	Return to Offic	e by May 6 th , 2024
	Blackford Breckinric	dge Baptist Association

PO BOX 759, Hardinsburg KY 40143

thebaptistassociation@outlook.com

Preference will be given to previous workers.