

## SICC Camp Adult Application

Day Camp: June 6-10

Overnight Camp: July 10-15

Name \_\_\_\_\_ Age \_\_\_\_ M/F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Church \_\_\_\_\_

Ministries, Hobbies, Interests \_\_\_\_\_

---

---

### Areas of service you are interested in

Director  Teacher  Small Group Leader/Helper

Optional Class Teacher/Helper  Sports/Games  Kitchen

Music  Counselor/Assistant Counselor  Nurse  General

We ask each applicant to please include their testimony written on the back of this page or on an additional sheet of paper. In addition, we require each applicant to get a letter of reference from their pastor. You will also be required to go through the interview process with our Board of Directors at meeting times to be sent out at a later date. Return to Heather Greer, 5078 Old US Hwy 51, Makanda, IL 62958 for overnight. Donna Stearns, 5032 Old US Hwy 51, Makanda, IL 62958 for day camp.