



Camp worker Financial support application

Name: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: () _____ - _____ Email: _____

SIN: _____ Member of Grace Church? Yes No

Church currently attending: _____

How are you involved in Grace Church? _____

Camp Name: _____

Location: _____ Telephone: () _____ - _____

Position:

- ___ - Counsellor in Training / Junior Counsellor # weeks _____
- ___ - Counsellor / Cabin Leader # weeks _____
- ___ - Senior Counsellor / One on One Counsellor # weeks _____
- ___ - Summer Program Director/Lifeguard/
Worship Leader/Head Cook/Speaker # weeks _____
- ___ - Other - Please specify _____ # weeks _____

Are you receiving other financial support for camp work:

___ - No

___ - Yes -if Yes how much: _____

Signature of Camp Worker: _____ Date: _____

PLEASE SUBMIT FORM TO CHURCH OFFICE

Church Use Only!!

Support Amount: _____ Date: _____

Signatures: _____
Missions Team
Treasurer