



Camp worker
Financial support application

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: () _____ - _____ Email: _____

SIN: _____

Grade completed:

Please check one:

- Grade: 9___
- 10___
- 11___
- 12___
- other___ specify_____

Camp Name: _____

Location: _____ Telephone: () _____ - _____

Position (if known):

- | | |
|------------------------------------|---------------|
| ___ - Counsellor in Training | # weeks _____ |
| ___ - Junior Counsellor | # weeks _____ |
| ___ - Counsellor | # weeks _____ |
| ___ - Senior Counsellor | # weeks _____ |
| ___ - Summer Program Director | # 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: _____

Church Use Only!!

Support Amount: _____

Date: _____

Signatures: _____

Missions Team

Treasurer