

2010 GO TELL Camp Internship Program
Volunteer Intern Application



Please type or print neatly

1. Name: _____ Age: _____ Date of Birth: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work/Cell Phone: _____
Sex: M / F Email: _____

2. Parents' Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work/Cell Phone: _____

3. Marital Status: Single Engaged Married Divorced

4. Education (Circle last year complete):

| | |
|--------------------|-------------------------------------------|
| <u>High School</u> | <u>College/University/Bible Institute</u> |
| 9 10 11 12 | 1 2 3 4 |
| Name: _____ | Name: _____ |
| City, State: _____ | City, State: _____ |

5. Where is your church membership: _____
Church Address: _____
City: _____ State: _____ Zip: _____
Youth Leader's Name: _____ Phone: _____
Pastor's Name: _____ Phone: _____

6. Do you have any physical disabilities or limitations that might hinder your effectiveness at camp? _____
If yes, explain: _____

7. Health condition: Excellent Good Fair Poor Height: _____ Weight: _____

8. Interest / Hobbies / Activities: _____

9. Have you been on a GO TELL mission trip? _____ If yes, what year and where did you go?

10. What camp experience have you had with GO TELL or elsewhere? (Please be specific and give full details.)

GO TELL: _____

Elsewhere: _____

11. Have you committed your life to Christ? () Yes () No () Unsure

12. If you answered “yes” to question 11, please tell how and when you became a Christian on a separate sheet of paper. Please be specific and give full details.

13. What has the Lord been doing in your life over the past year? _____

14. Do you have or have you ever had a problem with drugs, alcohol, tobacco, or any other immoral behavior?

_____ If yes, explain: _____

15. Why do you want to be a GO TELL Camp Intern? _____

16. What do you think you will gain from this experience? _____

17. List and describe three strengths or positive qualities you would bring to the GO TELL team.

- 1) _____

- 2) _____

- 3) _____

18. If selected, you may be asked to do a wide range of tasks to help camp be as successful as possible.

Which of the following activities do you feel interested in and equipped to do?

- Recreation Outreach Duplicating CDs/DVDs
- Drama Administration
- Music Selling resources
- Crafts Teaching small groups Other: _____
- Counseling Running video cameras Other: _____

19. Are you committed to giving 100% at any time in any area of camp work? _____

20. Would you be comfortable counseling students and possibly leading them to the Lord? _____

21. Have you read and understand the 2010 GO TELL Camp Internship Program General Information? _____

In order for this application to be complete, please do the following:

- 1) Attach a current photo of yourself to the front of the application.
- 2) Print off three copies of the 2010 GO TELL Camp Internship Reference Form and ask three adults to complete the form. (examples: youth leader, pastor, teacher, coach, family friend, etc.) Have THEM return the forms directly to GO TELL Ministries.
- 3) Mail your completed application and non-refundable application fee of \$35 to GO TELL Ministries (Make checks payable to GO TELL Ministries). The final deadline for all applications to be received is November 1st. Any applications received after this deadline will not be considered.

Signature: _____ Date: _____

Contact Information:

Physical/Shipping Address:
GO TELL Ministries
3768 Peachtree Crest Drive
Duluth, GA 30097

Mailing Address:
GO TELL Ministries
P.O. Box 2138
Duluth, GA 30096

Website:
www.gotellministries.com

Phone:
770-622-5600

Fax:
770-622-5603

Deadlines:

| | |
|------------|-------------------------------------|
| November 1 | Application Deadline |
| | \$35 application fee non-refundable |
| April 15 | Support Balance Due |

| |
|------------------------|
| <u>Office Use Only</u> |
| Date Received: _____ |
| Action Taken: _____ |
| _____ |
| _____ |
| _____ |