2026 UBarU Youth Staff Application

I agree to complete this form honestly and completely. <i>Youth signature</i> :					
Your Name:					
Date of Birth: age: (If you will be 18 at time of camp, do you consent to a background check?) yes no					
Grade in School for the School Year (2025-2026):					
Position(s) you are interested in (Check all that you are interested in): Younger Camps: Junior Counselor for Primary Camp (6-8) Junior Counselor for Intermediate Camp (6-8) Senior camp: Co-Dean (3) Worship (2) Right Relations (2) Community Fun (2) Touch Groups (2)					
In addition to being on-site for camp, on-line Ministry Safe and on-site training (plan to arrive on the Saturday prior to the start of the Sunday camp week) is also expected of Junior Counselors & Senior Deans.					
Home Address:					
Email address:					
Mobile Phone:					
Parent/Guardian Name:					
Parent/Guardian Email address:					
Parent/Guardian Phone Number:					
Name of your UU Home Congregation:					
What past experience do you have that qualifies you for a position on UBarU Camp Staff? Examples include leadership in your own congregation or school, trainings, previous youth camp or rally staff experience, Red Cross training, etc.					
Why do you want to be on staff for UBarU youth Camp? Have you been a JC in the past?					
What is your vision for the UBarU Camp week and your potential role in seeing that vision through?					

What are your st	trengths as a leader/	potential camp voluntee	r?	
If you are selecte areas you are les		ength should we look for	in a partner for your staff a	area to support
What concerns d	lo you have about be	eing able to execute the r	esponsibilities of the job?	
Are you willing a to being a Junion	-	re-camp training (electro	nic and in-person) as part o	of your commitment
I have read the jection	ob description & un	derstand the expectatio	ns of being a Senior Dean & es □ No	g/or Junior
religious educator,		gregation president). If you	ce from a leader at your congre do not have all of the contact in	
1				
Name/Church leadership position		Phone Number	# of years known	
Address	City	State Zip Code	e-mail address	
2			 	
Name		Phone Number	# of years known	
Address	City	State Zip Code	e-mail address	
3 Name		Phone Number	# of years known	
Address	City	State Zip Code	e-mail address	

Thank you for applying to be on staff at UBarU!

Return completed form to director@ubaru.org