East Tennessee Children's Camp 2025
Volunteer Application

Name: Kennedi Sherrell_____ D.O.B:_____ Gender: *M / F*

Phone:_____

Address:_____ City:_____ State:_____ Zip:_____

Email:_____ Shirt Size_____ Home Church:_____

Lead Pastor:_____ Emergency Contact Name:_____

EC Relationship: _____ EC Phone #: _____

I am applying to be: Adult Counselor (18+) OR Junior Counselor (15–17)

How many times have you been a camp Counselor? _____

Have you attended an ET Camp before? Yes / No

Medical History:

Do you have any known allergies? If so, please list them below:

_____

Do you have any medical conditions or concerns that we should be aware of? This will be passed on to the camp nurse.

_____

Please keep any medication you bring secure or check them in with the camp nurse upon arrival

Driver & Insurance Information *Optional:*

If you are *18 or older* and willing to drive your church–owned vehicle to transport campers to and from the pool and/or kayaking, please include the following information:

_____ _____ _____

Drivers' License Number | DL Expiration Date | Insurance Carrier for Church–Owned Vehicle

What areas are you most interested in helping with? (Check all that apply)

- ☐ Check in
- ☐ Lice Checks
- ☐ Set Up
- ☐ Tear Down
- ☐ Kayaking
- ☐ Kayak Transportation
- ☐ Group Counselor
- ☐ PreService Activities
- ☐ Morning Meeting (Kids)
- ☐ Archery
- ☐ Projects
- ☐ *Put me wherever!*
- ☐ Workshop Leader: _____
- ☐ Workshop Assistant: _____
- ☐ Other: _____

Please note that preferences will be considered, but cannot be guaranteed

Do you have any restrictions that might affect the type of work you can do during camp? If so, please explain below.

Confirmation

- ☐ I am aware I may be asked to work in different areas during the camp and may be in hot conditions.
- ☐ I am aware that my first and foremost responsibility is to point everyone I see to Jesus.
- ☐ I have read and I agree to follow camp policies & rules.
- ☐ I will try my best to have a helpful, positive, and flexible attitude before and during camp.

_____ _____

Signature of Counselor DATE

_____ _____

Signature of Counselor's Parent (if Counselor is Under 18) DATE

Mail all forms to:
Pastor Jenny Little
360 S Old Kentucky Rd.
Cookeville, TN 38501

Counselor Required Forms Checklist:

- ⬜ Volunteer Application Form
- ⬜ Background Check Form (Adult Counselors)
- ⬜ Parent Notarization & Medical Treatment Form (Junior Counselors)
- ⬜ Pastoral Recommendation Form (Virtual) (Excluding Senior Pastors)
- ⬜ Fee (Via ONE Church Check Paid to "ET District NDI")
  - Adults: $100
  - Jr. Counselors: $160
  - **All churches may send 2 Jr. Counselors for the reduced price of $100**