



# 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)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Check in                  | <input type="checkbox"/> Kayaking              | <input type="checkbox"/> Morning Meeting (Kids)  |
| <input type="checkbox"/> Lice Checks               | <input type="checkbox"/> Kayak Transportation  | <input type="checkbox"/> Archery                 |
| <input type="checkbox"/> Set Up                    | <input type="checkbox"/> Group Counselor       | <input type="checkbox"/> Projects                |
| <input type="checkbox"/> Tear Down                 | <input type="checkbox"/> PreService Activities | <input type="checkbox"/> <i>Put me wherever!</i> |
| <input type="checkbox"/> Workshop Leader: _____    |  |  |
| <input type="checkbox"/> Workshop Assistant: _____ |  |  |
| <input type="checkbox"/> 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.**

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### 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.

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Signature of Counselor

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DATE

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

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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\**

