

DuBois Center - SUMMER CAMP Paid & Volunteer Ministry Recommendations

DuBois Center • 2651 Quarry Road • DuBois IL 62831 PHONE 618.787.2202

Recommended By		Date	
NOTE: Paid summer staff serve for weeks. There is no upper age for an young and older adults are welcome	ny of these positions. Summer car	mp is not just for kids! Mature	
FEMALE COUNSELOR Recommend	ations: (Age 18+)	PAID or VOLUNTEER	
NAME		Approx. Age	
Email Address			
Day Phone: ()	Evening Phone: (_)	
Church - Name & City (if applicable	e)		
Your Connection to Individual			
NAME		Approx. Age	
Email Address			
Day Phone: ()	Evening Phone: (_)	
Church - Name & City (if applicable	e)		
Your Connection to Individual			
MALE COUNSELOR Recommendation	ons: (Age 18+)	PAID or VOLUNTEER	
NAME:		Approx. Age	
Email Address:			
Day Phone: ()	Evening Phone: (_)	
Church - Name & City (if applicable	e)		
Your Connection to Individual			
NAME		Approx. Age	
Email Address			
Day Phone: ()	Evening Phone: (_)	
Church - Name & City (if applicable	e)		
Your Connection to Individual			
COORDINATOR Recommendations -	- Barn, Waterfront, Worship, Cabin	Village: (Age 21+) PAID	
NAME_		Circle Position(s): Barn Waterfront	
		Approx. Age Worship Village	
Day Phone: ()			
Church - Name & City (if applicable	e)		
Your Connection to Individual			

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BARN ASSISTANT / COUNSELOR Recommen	<u>dation</u> : (Age 18+)	PAID
NAME		Approx. Age
Email Address		
Day Phone: ()	Evening Phone: ()
Church – Name & City (if applicable)		
Your Connection to Individual		_
BARN HELPER Recommendation: (Age 17+)		VOLUNTEER
NAME		Approx. Age
Email Address		_
Day Phone: ()		
Church – Name & City (if applicable)		
Your Connection to Individual		
ACTIVITY SPECIALIST Recommendation: (Age 18+)		VOLUNTEER
NAME:		Approx. Age
Email Address:		
Day Phone: ()		
Church – Name & City (if applicable)		
Your Connection to Individual		
Special Skills:		
CHAPLAIN Recommendation: (Age 21+)		VOLUNTEER
NAME		Approx. Age
Email Address		
Day Phone: ()	Evening Phone: ()
Church – Name & City (if applicable)		
Your Connection to Individual		
NURSE / HEALTH CARE PROVIDER Recommendation: (Age 21+)		VOLUNTEER
NAME:		Approx. Age
Email Address:		
Day Phone: ()		
Church – Name & City (if applicable)		
Your Connection to Individual		