

# GROUP LEADER application for Mt. Zion Baptist Camps

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Educational Level: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Please list number where you receive text messages.

Church Membership: \_\_\_\_\_

Email address: \_\_\_\_\_

**BACKGROUND CHECKS ARE REQUIRED for Everyone over 18.** Results will be sent to Mt. Zion Baptist Association. Cost is \$18.95, if you are able and would like to help cover this cost, please attach a check made out to Mt. Zion Association. If you are a returning group leader, its only required every 2 years.

**Mark the Camp you are asking to work with. Please complete a different application for each camp.**

Girls, grades 4- 6     Boys, grades 4 - 6     Youth & JR High, grades 7-12

**WALK-IN GROUP LEADERS ARE NOT ALLOWED. YOU MUST HAVE A BACKGROUND CHECK AND BE APPROVED BY THE CAMP DIRECTOR.**

**Girls - Tuesday, July 09    Youth - Tuesday, July 16    Boys - Tuesday, July 02**

**Group Leaders meeting will be announced closer to date of Camps.** If you are selected please be prepared to attend this meeting.

Are you a Christian? \_\_\_\_\_ List the church activities that you take an active part in: \_\_\_\_\_

Mark the activities listed below that you would be willing to lead or help with:

Crafts     Music     Bible Study     Missions     Nature Projects     Recreation

Other (If other describe) \_\_\_\_\_

**Mt. Zion T-Shirt (circle one)    S    M    L    XL    XXL    XXXL**

**GUN POLICY: If you have a concealed carry permit, any gun must remain locked in your car. Please lock the gun inside the glove box or console, then lock your car. No guns are allowed at any of our camps.**

**PASTOR RECOMMENDATION:** As this applicant's pastor I recommend this applicant's request to serve as a group leader in the camp indicated above. To the best of my knowledge this person is qualified to work with the age group indicated.

Signed \_\_\_\_\_

**You MUST have your Pastor's recommendation to be considered.**

Applicant's Signature: \_\_\_\_\_

**YOU WILL BE NOTIFIED IF YOU ARE SELECTED TO SERVE AS A GROUP LEADER.**

Please return this form to the Associational Office

2460 Sunny Meadow Dr

Jonesboro, AR 72404

Phone: 870-935-5134, billie@mtzba.com

