

**OPPORTUNITY CAMP 2008**

*A program of UNLOCK Ministries*

**EXPERIENCED COUNSELORS**

Staff Application, Commitment, and Release

**CHECK ONE:**     **Elementary Camp**(6/29<sup>th</sup>-7/4<sup>th</sup>)     **Junior High Camp**(7/20<sup>th</sup>-25<sup>th</sup>)  
                   **Both Camps**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  Y  N Text Messaging allowed.

E-Mail \_\_\_\_\_

Sex: *circle* M or F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_

School \_\_\_\_\_ Church \_\_\_\_\_

**Person(s) to Contact in Case of Emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Personal Health Insurance Company \_\_\_\_\_

Policy or Group Identification Number \_\_\_\_\_

Local Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**List below any allergies, physical disabilities or limitations, or prescriptions being taken, etc.:**

**Personal References:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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***I Hereby Release** any official of Opportunity Camp, Unlock Ministries Board of Directors, and any individual or group associated with Opportunity Camp from liability for any sickness or injury incurred at camp or while being transported to and from camp. I understand that every precaution will be taken to ensure good health and to prevent accidents; however, in the case of sickness or accident, the director or attending medical personnel have authority to obtain and provide the best possible medical care including surgery.*

*By execution of this application, I hereby grant Unlock Ministries the right to use my likeness in all forms, including photographic, video, print material, and digital for the use in promotional materials to be distributed by Unlock Ministries. I agree that such material shall be the sole and exclusive property of Unlock Ministries and I shall not be entitled to any compensation for the use of such material.*

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Signature of Applicant

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Signature of Parent or Guardian  
(If applicant is a minor)



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***\*Please include a photograph of yourself. (These will not be returned.)***

*If I am chosen, I will make preparation with all the materials assigned and attend all leadership training retreats/meetings (unless prior arrangements have been made with the Executive Director). I will cooperate fully with the leadership and will follow all directions and schedules promptly and enthusiastically. I will display Christian attitudes and behavior to the best of my ability.*

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Signature of Applicant

*Although returning counselors are not required to participate in the interview process, Unlock Ministries reserves the right to request an interview with anyone who is re-applying to serve as a volunteer in any capacity at Opportunity Camp 2008 or Transition Camp 2008.*

***Return completed application on or before March 7th to:***

*Unlock Ministries  
P.O. Box 5562  
Midland, TX 79704*

***If you need to hand deliver the application, please contact Richard at 559-6202 to make arrangements.***

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## Important Dates and Requirements for Experienced Counselors

### **Important Dates**

March 7 <sup>th</sup>	Applications due
March 31 <sup>st</sup> – April 5 <sup>th</sup>	Interviews <i>Let us know if you would like to help interview new applicants.</i>
April 25 – 27	Training Retreat at Camp Butman
June 23 (tentative)	Pre-Camp Meeting
June 29 July 4	Op Camp Elementary Session
July 20 – 25	Transition Camp (Op Camp Junior High Session)

### **Requirements**

- Completed application ***including a photograph of yourself***
- Training Retreat (April 25<sup>th</sup>-27<sup>th</sup>)
- \$150 of support  
*We will go over this at the retreat and will assist you with raising support.*
- Home visits with campers prior to camp
- Opportunity Camp (June 29<sup>th</sup> – July 4<sup>th</sup>) and/or Transition Junior High Camp (July 20<sup>th</sup> – 25<sup>th</sup>)  
*Attendance and participation throughout the entire week is required, including travel with group to and from the camp.*
- Participation in after-school program next school year
- Periodic activities with campers throughout the year
- Daily prayer for campers and their families
- Physical, spiritual, and mental preparation for camp

***If you have any questions call or email Richard Arreguin, Executive Director at 559-6202 or arreguin@opcamp.com.***