

FCA CAMP HUDDLE LEADER ENROLLMENT

List the Site(s) that you would be willing to work.

FIRST CHOICE _____
 Camp Location Date Camp Code

SECOND CHOICE _____
 Camp Location Date Camp Code

Would you be willing to work both camps if needed? Yes No Possibly I would like to work both camp

A MINISTRY LEADER APPLICATION (MLA) MUST BE ON FILE AT FCA'S NATIONAL SUPPORT CENTER

___ YES, I have previously completed an MLA. If not, go to www.FCA.org/mla to fill one out

■ GENERAL INFO

Name: _____ Today's Date: _____

Date of Birth: ____/____/____ Age: _____ Sex: Male Female

School: _____

College Graduation Year: _____ Major: _____

Address at School: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

School E-Mail: _____ Date school closes this Spring: _____

Summer Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

T-Shirt Size: S M L XL XXL

Summer E-Mail Address: _____ Cell Phone: (____) _____

■ YOUTH WORKER EXPERIENCE

List your previous work involving children or youth

ORGANIZATION	TYPE OF WORK	SUPERVISOR	PHONE NUMBER
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____

I understand that, if selected, I will participate in the entire Pre-Camp Huddle Leader Training and will commit myself to fulfill my responsibilities according to FCA's purpose and the Huddle Leader Job Description.

 Signature

 Date