

**Camp Worker Application Form for Future Reimbursement
2018**

Name: _____

Camp(s) potentially working at: _____

Projected Weeks at Camp and Position: (indicate leadership training weeks as well)

Dates:

Position:

Total Weeks: _____

Note: 1 week is considered 'volunteer' regardless of the total number of weeks worked.

Funding covers any 8 weeks worked during the year.

Pledges or other funding you will receive for camp work: _____

Your Signature
Date due: June 1, 2018

Total Projected Payment
Mission's Committee Use (do not enter an amount)