

Mt. Zion GROUP LEADER Application

Name: _____ Age: _____ Educational Level: _____

Mailing address: _____ City/Zip: _____

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

Church Membership: _____ Email address: _____

Cost is \$75 for all JR Group Leaders UNDER 16. If JR Group Leader attends Youth Camp, the camper fee will be half price. Group Leaders 16 years old and older are free.

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.** Have you ever participated in, been accused or convicted of, or pleaded guilty or no contest to any abuse or sexual misconduct? _____

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 - Friday, July 2 Youth - Friday, July 9 Boys - Friday, July 16

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

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