younglife

ADULT GUEST HOST RESUMÉ

CAMP WHERE YOU WOULD LIKE TO HOST. _____

CHOICE OF HOSTING DATES: 1ST CHOICE _____
2ND CHOICE _____

YOUR NAME(S)_____

ADDRESS _____

CITY_____STATE _____ZIP _____

HOME PHONE ( )_____ BUSINESS PHONE ( ) _____

FAX ( )_____CELL PHONE( )_____E-MAIL_____

OCCUPATION(S) _____

CURRENT YOUNG LIFE AREA NAME _____ STAFF NAME _____

CURRENT YOUNG LIFE AREA NUMBER _____

WHAT IS AND HAS BEEN YOUR INVOLVEMENT WITH YOUNG LIFE? _____

HAVE YOU BEEN A GUEST AT A YOUNG LIFE CAMP BEFORE? ☐ YES ☐ NO

CAMP NAME(S) _____ _____

HAVE YOU BEEN A HOST AT A YOUNG LIFE CAMP BEFORE? ☐ YES ☐ NO

CAMP NAME(S)_____ WHEN_____
CAMP NAME(S)_____ WHEN_____
CAMP NAME(S)_____ WHEN_____

HOW DO YOU DEFINE YOUR ROLE IN PRESENTING TO ADULTS THE MISSION OF YOUNG LIFE?

_____
_____
_____
_____

TRAINING IS REQUIRED FOR ALL HOSTS. WILL YOU BE AVAILABLE FOR TRAINING?
(PROBABLY BY CONFERENCE CALL)? ☐ YES ☐ NO

OFFICE USE ONLY:
DATE RECEIVED_____TRAINING COMPLETION DATE _____
CAMP ASSIGNED_____ ASSIGNMENT DATES _____
HOST HOLDING _____ ROOMS.

_____ DATE _____
SIGNATURE OF CAMP ADMINISTRATOR

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