

2026 Summer Missionary Application

Friendship Baptist Association • 504 E. Oglethorpe Street • Ellaville, GA 31806
(229) 937-2350 • www.FriendshipCamps.com • friendshipcamp@windstream.net

Mail your completed application to the above address. An online application is also available at www.FriendshipCamps.com. **Please provide a valid email address.**

Name _____ Male _____ Female _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Church Membership _____
Date of Birth _____ Marital Status _____

T-Shirt Size 6-8 10-12 14-16 A-S A-M A-L A-XL A-2XL A-3XL

What area of service are you applying for?

- Adult Day Missionary** (no overnight responsibilities)
- Counselor** (adult or completed 1st year of college; 2024HS graduate with previous service as a Jr. Counselor)
- Jr. Counselor** (16 or completed 9th grade; must meet all other requirements and be approved by director)
- Director's Assistant** (completed at least 8th grade; must meet all other requirements and be approved by director)

Note: Jr. Counselors have more interaction and responsibility with the campers. Director's Assistants work closely with the director(s) doing a variety of tasks to keep the camp functioning smoothly. Only adults/college age can serve as missionaries at Youth Camp.

Please check session(s) you are available to serve:

<input type="checkbox"/> Blaze Girls Camp June 1-4, 2026 2nd Grade - 6th Grade	<input type="checkbox"/> Velocity Boys Camp June 15-18, 2026 2nd Grade - 6th Grade	<input type="checkbox"/> Day Camp June 22-25, 2026 5 years – 8 years	<input type="checkbox"/> Momentum Youth June 29-July 3, 2026 6th Grade – 12th Grade <i>*Adults or 2026 graduates if have served previously at Friendship Camp</i>
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What skills do you have that can be put to use?

<input type="checkbox"/> Crafts	<input type="checkbox"/> Drama	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Evangelism
<input type="checkbox"/> Music	<input type="checkbox"/> Bible Teaching	<input type="checkbox"/> Nursing	<input type="checkbox"/> Kitchen (Head Cook)
<input type="checkbox"/> Outdoor recreation	<input type="checkbox"/> First Aid/CPR	<input type="checkbox"/> Lead Worship	<input type="checkbox"/> Archery
<input type="checkbox"/> Certified Life Guard	<input type="checkbox"/> General help	Other: _____	

Please complete the second page of this application.

Certification Process for working at Friendship Camp.

- I understand that I will be required to watch the **Sexual Abuse Awareness Training** video.
- I understand that if I am 18 years or older that Friendship Baptist Association will need to have a background check on file for me and I agree to provide the needed information to perform this background check.

I will attend the required orientation event on the date below:

Yes, I will attend! Sunday, May 19, 2024, at 2:00 PM at **Friendship Camp Dining Hall**

Release

I authorize Friendship Baptist Association to contact the references on the **Summer Missionary Application** that I have provided below. I agree to release from liability any person or organization providing information related to me.

I understand and agree that any information received from application verification will not be disclosed to me except as required by law, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

Signature: _____ Date: _____

Required reference for everyone

- Church Reference (**Pastor**/Youth Pastor/Sunday School Director, etc.)

Name: _____

Email: _____

Phone: _____

Church Name: _____

Additional required references for those applying to serve as a Counselor or Jr. Counselor

- Personal or Professional Reference (Someone who knows your interaction with children and/or youth)

Name: _____ Email: _____

Phone: _____

Address: _____

- Additional Reference

Name: _____ Email: _____

Phone: _____

Address: _____

We prefer to contact references by email or phone. Please let the individuals above know that we will be contacting them.

IF YOU ARE UNDER THE AGE OF 18 YEARS OLD, PLEASE COMPLETE THE NEXT PAGE

Parent/Guardian Information (for missionaries under the age of 18)

Parent/Guardian Name _____
Home Phone _____ Work Phone _____
Email Address _____
In Case of Emergency, Call _____

Parental/Guardian Consent (Please check all applicable statements.)

_____ has my consent to work at Friendship Baptist Camp during the weeks indicated on this application.

Cell Phone Policy: Only adult missionaries (over 18) will be permitted to carry a cell phone. Jr. Counselors and Assistants are asked to leave their cell phone at home, or if brought, to leave it turned off and in their suitcase during the week. Cell phones are a distraction and diminish the integrity of camp for our campers.

I have made my child aware of Friendship Camps cell phone policy as stated above.

My child will be driving himself/herself to Friendship Camp to serve as a Summer Missionary.

Friendship Camps under age 18 Driving Policy: Your child must leave his/her vehicle parked in the designated area during the camp session. Your child will not be allowed to drive while camp is in session or be allowed to leave Friendship Camp for any reason. Drivers under age 18 are not allowed to transport other minors, excluding immediate family members. (If exceptions to this policy are needed the parent/guardian must make arrangements with the camp director and give us written permission.)

I have made my child aware of Friendship Camps under age 18 driving policy as stated above.

It is my understanding in the event that I cannot be reached; the physician/medical facility has my permission to treat my child. I do not hold the Friendship Baptist Camp, or any of its agents or representatives responsible for the health and safety of my child while on the premises.

I understand that if my child does not carry out his/her duties and responsibilities, as expected by the Camp Staff and as stated in training materials, that my child will be sent home from Friendship Baptist Camp.

I also understand that my child may be photographed or videotaped while at Friendship Camps. Friendship Baptist Association has my permission to use these pictures in promotional material and/or on the Associational websites. I understand that no identifying information will be provided with the photos.

Parental/Guardian Signature _____ Date _____

My child takes the following prescription medications

Medication	Dosage	Frequency

(Medications are not allowed in cabins and must be turned into the nurse)