

Youth Camp Counselor Application & Pastor's Recommendation

June 22-26, 2026

Counselors must be 21 or paid staff of a church. They must complete a background check.

The registration cost for each counselor is \$300.00

Name of Applicant: _____

Contact information:

Email address: _____

Address: _____

Primary Phone: _____

Church you attend: _____

Emergency contact person: _____

Cell number: _____

Share a brief testimony and why you would like to work at Youth camp.

You must complete the background check through your local churches MinistrySafe account.

Applicant's Signature: _____ Date: _____

Pastor's Recommendation: I approve the above person to serve as a camp counselor or worker for Illinois District Youth Camp, June 22-26, 2026. This person is actively involved in the ministry of the church, exemplifies Christ and works well with students.

Print Pastor's name: _____

Pastor's Signature: _____ Date: _____

Pastor's Cell Number: _____ Church Number: _____

Send to Michael Flowers by June 2, 2025

711 W. North St.

Shelbyville, IL 62565