



Service Dates for the 2025 CGS Summer Internship are:

Monday, May 26 at 1:00PM – Friday, June 27



Apply Online!

[campofthegoodshepherd.com/serve](http://campofthegoodshepherd.com/serve)

Please complete and return this form by April 30, 2025!

10312 Agnew Road

Louisville, NE 68037

402-234-2552 (Camp Facilities)

712-310-0077 (Joel Burkum, CGS Executive Director)

[www.campofthegoodshepherd.com](http://www.campofthegoodshepherd.com)

## CGS Summer Intern Application Form (2025)

\*Applicants must be at least 18 years of age and have graduated from high school by the beginning of camp season.

Full Name: (First, Middle, Last): \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: ☐ Male ☐ Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ☐ Cell

Applicant's Email [Please print clearly!]: \_\_\_\_\_

Temporary School Address:

Street: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone (if different from above): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ☐ Cell

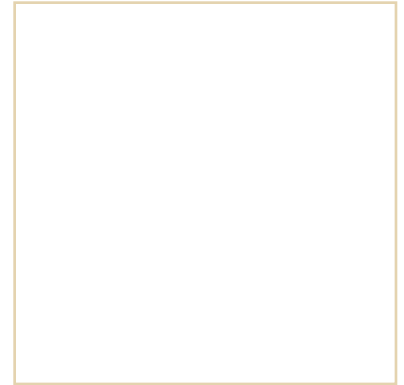


Photo of Applicant

If unable to upload here, please attach photo when returning this form.

**IMPORTANT:** In case of an emergency, I hereby give my permission to the camp authorities to select a physician and/or to hospitalize and secure proper treatment for me (i.e., the applicant). I also give the CGS staff permission to transport me off camp property for the purpose of medical care. I acknowledge and understand that participation in camp activities and sporting events may expose me to certain known and unknown hazards, which could result in physical injury or illness. I understand that by signing this document I relieve CGS, its owners, agents and employees from any liability for injuries/illnesses I sustain as a result of participation in a camp activity. I accept the expense of any emergency medical/surgical treatment I may require. CGS has my permission to use any photographs or videos of me for promotional/historical use.

Signature of Applicant (**REQUIRED**): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact (Full Name): \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Emergency Contact's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ☐ Cell Other Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ☐ Cell

Briefly explain why you wish to be a CGS Summer Intern:

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Write a brief statement of your personal faith in Christ:

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Are you an immersed believer in Christ? ☐ Yes ☐ No

What church/fellowship do you attend (please include town)? \_\_\_\_\_

How are you currently serving Christ in your church or school?

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List below any dietary limitations, physical challenges or health concerns of which we should be aware:

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#### Statement of Personal Integrity

- ☐ I have never molested or abused a child or adult.
- ☐ I have never been arrested for or accused of committing an offense related to sexual misconduct or sexual and/or physical abuse of a child or adult.
- ☐ I understand that if I am accepted as a CGS Summer Intern, in accordance with FGCI/CGS insurance requirements, FGCI/CGS may perform a background check on me.

#### Letters of Recommendation

Two (2) letters of recommendation are required for individuals desiring to work at CGS as a Summer Intern. One of the two letters must come from a minister or church leader who has witnessed your service or ministry involvement. *[If you have already served as a CGS Summer Intern in the past, you do not need recommendation letters.]*

Letters of recommendation should include information about the church leader's/minister's relationship with the applicant and observations made in regard to the applicant's spiritual, mental and physical state that would benefit or hinder the success of CGS, as well as information regarding teaching and other ministry giftedness and experience of the applicant. Information shall remain confidential. Listed below are the names of the two people who will be sending my recommendations:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

#### Statement of Responsibility / Availability

- ☐ I understand that I am a representative of the Lord Jesus Christ and the ministry of For God's Children International and Camp of the Good Shepherd and that my inclusion in the CGS Summer Internship program is contingent upon my cooperation with camp staff and behavior in keeping with the Christian lifestyle prescribed in the Bible.
- ☐ I am available to serve as a CGS Summer Intern for the duration of the term of service: **May 26 – June 27, 2025.**

Signed (by Applicant), \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Submission

Complete this PDF electronically and email it to: jburkum@fgci.org

-OR- Send this completed form to: CGS/FGCI, c/o Joel Burkum, PO Box 434, Council Bluffs, IA 51502-0434.

#### Questions?

Joel Burkum, CGS Executive Director  
jburkum@fgci.org • 712-310-0077

#### General Inquiries

CGS Camp Facilities  
campofthegoodshepherd@fgci.org • 402-234-2552

Additional Information

Apply Online

You may apply online, by going to the Camp of the Good Shepherd website at: [www.campofthegoodshepherd.com/serve](http://www.campofthegoodshepherd.com/serve)

Letters of Recommendation

Letters of Recommendation written on your behalf should be sent by US Mail directly to:

CGS/FGCI, c/o Joel Burkum, PO Box 434, Council Bluffs, IA 51502

They may also be emailed to [jburkum@fgci.org](mailto:jburkum@fgci.org) -OR- completed online at [www.campofthegoodshepherd.com/serve](http://www.campofthegoodshepherd.com/serve)

Information provided on letters of recommendation is confidential and will not be shared with the applicant. If using US Mail, please supply a stamped and addressed (to the address above) envelope to each person who is submitting a recommendation for you.

Housing / Meals / Love Gift

CGS will provide free housing and meals for CGS Summer Interns during the service dates indicated on the top right-hand corner of the application form.

Each summer, during the Camp of the Good Shepherd season, we collect a Love Gift for each of those who have served as a CGS Summer Intern. Also, CGS Summer Interns are permitted to raise additional funds to supplement their CGS Love Gift. Please contact CGS Executive Director, Joel Burkum for additional details.

Extra Lines (if needed):

Briefly explain why you wish to be a CGS Summer Intern:

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Write a brief statement of your personal faith in Christ:

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