

10312 Agnew Road, Louisville, NE 68037 402-234-2552 www.campofthegoodshepherd.org

[Attach a recent photo of yourself here.]

CGS INTERN APPLICATION FORM

Full Name:	OFFICE USE ONLY.
(First)	DATES: / to /
(Middle)	
(Last)	[]
Birth date: /	[]
Gender: □ Male / □ Female Marital Status: □ Sing	
Permanent Address:	
City, State, ZIP:	
Cell Phone: () Home P	none: ()
E-mail address [Print clearly.]:	
E-mail address [Print again.]:	
Emergency Contact:	Tel: ()
Temporary/School Address:	
City, State, ZIP:	
Phone #: ()] [Use this add	ress until date: /]
Briefly explain why you wish to be a member of a CGS intern.	
Give a brief statement of your personal faith in Christ.	
Are you an immersed believer in Christ? ☐ Yes ☐ No	

When did	you accept Christ as Savior? (Year):
What chur	ch/fellowship do you currently attend?
C	hurch/Fellowship:
C	hurch/Fellowship Address:
C	ity, State, Zip:
Do you att	rend this church/fellowship every weekly?
How are yo	ou serving Christ in your church or in other ministries? [Name ministries in which you are or have been involved.]
Do you ha	ve dietary limitation, physical challenges or health concerns of which we should be aware? List below.
Do you ha	ve any special gifts or skills relating to camp ministry of which we should be aware?
	lenges or difficulties would you anticipate may occur during this camp internship program? [Camp of the Good Shepherd not permitted to participate in the use of pornography, recreational drugs, alcohol or tobacco.]
Dates of S	Service
☐ Yes / ☐	i No
expected	for CGS internships include most of the month of June and part of July. I understand that CGS Interns will be to work <i>all</i> of the graded camps in June (and, if possible, July camps). I understand that this will include some and that the internship will continue until the end of June (or mid-July, depending on my pre-arrangements).
☐ Yes / ☐	l No
I am avail	able to serve into July if the opportunity is available.
Bible Stud	dy/Memorization
☐ Yes / ☐	l No
I will com	mit myself to the memorization of the theme scriptures prior to the beginning of the camp season.
Statement	t 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. [If you have been accused of or arrested for any of these offenses, please explain on a separate sheet of paper.]
	In accordance with CGS's insurance requirements, I understand that FGCI/CGS will run a backround check on me as a volunteer or short-term worker.

Money	
☐ Yes / ☐ No	
raise an additional \$500 toward this LOVE GIFT from fi than \$500, the extra dollars given will go to CGS as pa housing and meals will be provided at no charge durin	at the end of my internship (to be sent in August). I am aware that I can riends and churches (when given through FGCI/CGS), and that if I raise more art of the base LOVE OFFERING provided by CGS. I understand that my ng camp sessions. During the days when there are no camps (some provide my own meals if I choose to stay at the camp.
☐ Yes / ☐ No	
I also understand that I may not use FGCI's or CGS's n	ame to raise support until I am officially accepted to the internship program.
Letters of Recommendation	
come from a church leader who has witness y	red for individuals desiring to work at CGS. One of the two letters must rour service or ministry involvement (preferably in teaching). The from a church or spiritual leader. [NOTE: If you have already served as a CGS ation.]
observations made in regard to the applicant's spir of CGS as well as information regarding teaching	information about the spiritual leader's relationship with the applicant and ritual, mental and physical state that would benefit or hinder the success ng and other ministry giftedness and experience of the applicant. are the names of the people who will be sending my recommendations:
Name:	Position:
Name:	Position:
Statement of Responsibility	
	rd Jesus Christ and the ministry of Camp of the Good Shepherd and that my gent upon my cooperation with CGS representatives and behavior in keeping
I understand that applications are due by the eneach summer.	d of April and that only 6 - 8 individuals will be accepted as CGS Interns
Signed,	Date / /

Thank you for taking the time to complete this application. Send this completed form to: For God's Children International, Attn: CGS Internship Coordinator, P.O. Box 434, Council Bluffs, IA 51502-0434. You will be notified of your CGS internship program status by early May. If you have any questions, you may contact Joel Burkum, Executive Director of FGCI/CGS at: 712-328-3776 or jburkum@fgci.org.