

APPLY ONLINE! at CGS.CAMP



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



Please check all that apply.

I am available to serve during the following camps, as needed (see dates at [campofthegoodshepherd.com](http://campofthegoodshepherd.com)):

- ☐ Li'l Lambs / First Chance  
☐ Middler  
☐ Junior  
☐ Jr. High  
☐ Sr. High  
☐ All  
☐ Other: \_\_\_\_\_  
Camp(s) Chosen: \_\_\_\_\_  
\_\_\_\_\_

## "SHEEPDOG" TEEN HELPER APPLICATION FORM (2025 Season)

[NOTE: Applicants must be 13 - 18 years of age or have finished seventh grade by start of camp season.]

Applicant's Full Name:

(First / Middle / Last) \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: ☐ Male / ☐ Female

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

City, State, Zip: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Applicant's E-mail [Please print clearly!]: \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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**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 my child (i.e., the applicant). I also give the CGS staff permission to transport my child off camp property for the purpose of medical care. CGS has my permission to use any photographs or videos of my child. I acknowledge and understand that participation in camp activities and sporting events may expose my child 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 sustained by my child as a result of participation in a camp activity. I accept the expense of emergency medical/surgical treatment for my child.

**I give my permission for my child to participate as a Camp of the Good Shepherd SHEEPDOG Teen Helper this summer.**

Parent/Guardian's Signature (**REQUIRED**): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Home/Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Address (if different from applicant): \_\_\_\_\_

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

Medical Information: Family Physician: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

1. Briefly explain why you wish to be a CGS SHEEPDOG Teen Helper (for teens ages 13 - 18 or who have completed 7th grade by the start of camp season).
2. Write a brief statement of your personal faith in Christ.
3. What church/fellowship do you attend?  
Name of church (include town): \_\_\_\_\_
4. How are you serving Christ in your church or school?
5. Do you have dietary limitations/food allergies, physical challenges or health concerns of which we should be aware? List below.

**Statement of Personal Integrity**

☐ I understand that if I'm accepted as an FGCI/CGS SHEEPDOG Teen Helper, 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 SHEEPDOG Teen Helper. 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 SHEEPDOG Teen Helper 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 people who will be sending my recommendations:

Name: _____	Position: _____
Name: _____	Position: _____

**Statement of Responsibility / Acceptance as a Helper**

- ☐ 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 SHEEPDOG Teen Helper program is contingent upon my cooperation with camp staff and behavior in keeping with the Christian lifestyle prescribed in the Bible.
- ☐ I understand that applications are due by April 30th, 2025 and that those who apply first will be considered first for the positions that are available. I understand that this is a volunteer position, but that by serving as a CGS SHEEPDOG teen helper I am eligible for a discount on my session of 2025 CGS Summer Bible in the amount of \$25 per day served.

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

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Thank you for taking the time to complete this application. If you have filled out this form electronically, save and email to [gail@fgci.org](mailto:gail@fgci.org). If you have printed this form to fill it out, please mail to: Camp of the Good Shepherd, c/o For God's Children International, P.O. Box 434, Council Bluffs, IA 51502-0434. *Letters of recommendation must also be sent.* If you have any questions, you may contact us at [campofthegoodshepherd@fgci.org](mailto:campofthegoodshepherd@fgci.org), 402-234-2552 (CGS facilities), or 712-310-0077 (Joel Burkum/CGS Executive Director).