



OGMBC SUMMER MUSIC CAMP

Senior Counselor (stipend offered)

APPLICATION

June 16-August 8, 2025

7:30 am – 5:30 pm

SECTION I

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone: _____

E-mail _____

Date of birth: _____ Social Security Number: _____

SECTION II

Previous Academic Experience

Date _____ Experience _____

Date _____ Experience _____

Occupation (Past occupation if retired):

Date _____ Occupation _____

Date _____ Occupation _____

Date _____ Experience _____

Date _____ Experience _____

Other information that will help us make a good match (such as educational certifications,
general interests/hobbies)



505 East End Avenue
Durham, NC 27703
919-596-8088
Rev. Dr. H. L. Dickerson, Pastor

SECTION III

Availability and Senior Camp Counselor Assignment Preferences

Please Check All That Are Applicable – Camp runs Monday – Friday 7:30 am – 5:30 pm:

I Am Available Mornings (Mon-Fri) _____
 Afternoons (Mon-Fri) _____
 Once a Week _____
 More Than Once a Week _____

OTHER _____

SECTION IV

Do You Have a Valid (NC) Driver's License? Yes _____ No _____

License Number _____ Vehicle License Plate Number _____

Insurance Company: _____ Policy # _____

Have You Ever Been Convicted for Violation Of Any Laws, Traffic or Otherwise?

Yes _____ No _____

If Yes, Please Explain:

Do You Have Any Physical Condition that May Limit Your Activities? Yes _____ No _____

If Yes, Describe:

I certify that the information on this application is true. I do understand that a background check will be performed, and that mandatory training is required to work with youth in this camp program.

Signature _____ **Date** _____



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