ELCA INTERNATIONAL CAMP COUNSELOR PROGRAM 2010 PARTICIPANT NOMINATION FORM

Please type or pr	int clearly i	in black ink		
Check One:	()	PRIMARY	()	SUBSTITUTE/BACK-UP
Check One:	()	Male	()	Female
NAMES MUST	BE SPELI	LED EXACTLY	AS THEY A	APPEAR ON PASSPORT
Family Name				
First Name				
Middle Name(s)				
******	*******	*****	******	*****
What name woul	d like other	s to call you at can	mp?	
Mailing Address				
Maining Address				
City & Country (include pos	tal code)		
Telephone Number		E-ma	ul Address	
Date of Birth:			V	_ (must match passport)
	Month	n Day	Year	
Place of Birth:				
Country of Birth	:			
Country of Citize	enship:			
Current Position				
() St	udent at			of School
() Ei	mployed as	a	for	
()	r	Occupati	on	Employer

CHURCH ENDORSEMENT

I certify that _____

Name of Participant

has been interviewed and endorsed by this church to be a participant in the ELCA International Camp Counselor Program. I understand that this position involves the direct supervision and care of children and youth and I believe that this person is appropriate for this kind of work and will fulfill these responsibilities effectively. To the best of my knowledge, I believe that this person intends to return home, as required, at the conclusion of the program in August 2010.

Signature	Date
Name (Please print or type)	
Church Position/Title	
Name of Church	
Address (please provide street address	/location for international courier)
Telephone Number	
Fax Number	
E-Mail Address	
International Airport/City to be used for	travel to the United States

RETURN FORM BY FEBRUARY 15 TO: MARK BURKHARDT ELCA, VE 7th FLOOR 8765 W. HIGGINS RD CHICAGO IL 60631 mark.burkhardt@elca.org FAX: 773-380-2109