



SOUTH CAROLINA CAMPERS ON MISSION (COM) ENROLLMENT APPLICATION

Complete one form for EACH person.

Name _____ Date _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____ Preferred Phone _____

Email address _____ Birthday _____

Member of another state COM chapter? Y N If so, what chapter? _____

Have you ever participated in a mission project? Y N If so, what? when? _____

Project coordinated by what church/ organization _____

Church Name _____ Been a member how long? _____

Address _____ City _____

State _____ Zip _____ Pastor's Name _____

Church Denominational Affiliation _____

What are your interests? Skills? Experience? Any special training?

Mark any of the following ministry areas that interests you:

Campground ministries

Church planting

Raceway ministry

Construction/maintenance

Disaster relief/rebuild

Seafarers ministry

Fairs/festivals/special events

Community prayerwalking

Revivals/preaching

Clowning/balloons/facepainting

Sharing personal testimony

Landscaping

Cooking/Serving

Music (instrument)

Music (voice)

Children's programs/camps

Social media/website

Arts/crafts

Medical / Dental

Administration

Vacation Bible school/Backyard Bible clubs

Emergency Contact

Name _____ Relationship _____ Phone _____

Please complete this form for each person interested in joining SC Campers On Mission. Either 1) Scan and email to SC COM Secretary at cathywillis54@gmail.com or 2) mail to 691 Sam Brown Rd, Seneca, SC 29678. You'll be contacted by one of the SC COM officers to help you get involved in ministry.