



ADULT GUEST HOST RESUME

Camp where you would like to host:

1st choice dates 2nd choice dates

YOUR NAME(S)

ADDRESS

CITY STATE ZIP

HOME PHONE CELL PHONE

WORK PHONE EMAIL

Young Life Area Name

Young Life Area Number Staff Name

What is and has been your involvement in Young Life?

Have previously been a host at a Young Life camp? YES NO

Camp Name: Year:

Camp Name: Year:

Camp Name: Year:

Describe your role in presenting the mission of Young Life to adults:

Are you available for host training (typically via conference call)? YES NO

FOR OFFICE USE:

Date Received # Rooms Held

Camp Assigned Camp Week Dates