



# Christian Overcomers

PO BOX 2007, GARFIELD, NJ 07026

973-253-2343

*overcomerscamp@gmail.com*

The mission of Christian Overcomers is to share the love of Christ with people who have disabilities. This ministry provides an opportunity for them to enjoy a week away from their homes or the facilities they reside in while spending it at a beautiful, outdoor, God-centered retreat. Camp will be held from August 23<sup>rd</sup>-28<sup>th</sup> 2026 and will be at Spruce Lake Retreat in Canadensis, PA.

Volunteers are important to the safety and success of this program. Each Volunteer at camp is assigned a disabled “camper” who they will be responsible for providing full time care for throughout the week. Faithful, caring and committed volunteers allow Christian Overcomers to fulfill our call to welcome and bless people with physical and mental challenges. Training and support are provided where needed.

## Requirements:

- Mature, healthy, and flexible, with a servant’s heart
- Be a friend and companion to one camper
- Must be willing to assist with personal care 24/7
- 17 years old +
- Send us 2 personal references, including 1 from clergy
- Completed background check form
- Completed Medical Form

**Please Note: All applications will not be finalized without medical form.**

# 2026 VOLUNTEER APPLICATION

PLEASE PRINT:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORKPHONE: \_\_\_\_\_

GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PLEASE CHECK OFF THE WEEKS YOU CAN ATTEND BELOW:

YES, YOU CAN COUNT ON ME! I WOULD LIKE TO VOLUNTEER FOR THE FOLLOWING SESSION:

SESSION I AUGUST 23-28

I WOULD LIKE TO MAKE A DONATION TO OFFSET THE COST OF MY WEEK AT CAMP. PLEASE LET ME KNOW HOW?

HOW DID YOU HEAR ABOUT US?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHOTO AND VIDEO RELEASE:**

***ATTENDEES AGREE TO ALLOW CHRISTIAN OVERCOMERS AND SPRUCE LAKE RETREAT STAFF TO TAKE STILL PICTURES OR VIDEO DURING PARTICIPATION IN ACTIVITIES AT SPRUCE LAKE RETREAT FOR PROMOTIONAL PURPOSE INCLUDING PRINT AND WEB PUBLICATION.***

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

CONFIRMATION AND ADDITIONAL INFORMATION WILL BE SENT UPON RECEIPT OF THIS FORM AND YOUR DEPOSIT. FILLING OUT THIS FORM DOES NOT GUARANTEE ACCEPTANCE INTO OUR PROGRAM. PLEASE SEND ALL CORRESPONDENCE TO: **CHRISTIAN OVERCOMERS PO BOX 2007, GARFIELD, NJ 07026** or via email: **overcomerscamp@gmail.com**