



JUNIOR COUNSELOR APPLICATION

NAME: _____

PHONE: _____

HOME CHURCH: _____

EMAIL: _____

MALE

FEMALE

AGE _____

CURRENT GRADE: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Youth Pastor or Head Pastor Name: _____

Youth Pastor or Head Pastor Signature: _____

JUST FOR FUN

Favorite snack: _____

Favorite Dutch Bros order: _____

Favorite app: _____

Favorite Restaurant: _____

YOUR RELATIONSHIP WITH GOD

1. Please share when and how you know you became a Christian.

2. Please share what you are doing now to continue growing in your faith in Christ.

3. Why do you want to be a junior counselor at camp?

4. How would your friends and family describe your relationship with God?

YOUR BACKGROUND

1. Our camp can be physically challenging for some counselors. Do you have any physical conditions preventing you from performing certain types of activities related to working with children or being at a rustic, hilly, high-altitude, lots-of-walking camp? (allergies, mobility, hearing, sleeping conditions, etc.) If so, explain on an additional piece of paper. () Yes () No
2. Have you ever been convicted of a crime involving children in any way? (physical/mental/emotional abuse, neglect, sexual molestation, trafficking, exploitation, pornography, etc.) If so, explain on an additional piece of paper. () Yes () No
3. Do you use recreational or illegal drugs? () Yes () No
4. Have you ever been convicted of a crime involving drugs or alcohol? If so, explain on an additional piece of paper. () Yes () No

YOUR QUALIFICATIONS

1. Please share about your weekly church involvement and attendance.

2. Please share about your work at your church involving ministry to children.

3. List any training, work experience, or spiritual gifts you have that prepare you to minister to children in a camp environment.

4. List any additional churches you have attended besides your current church in the past 5 years. Please include the church name and address.

YOUR REFERENCES

1. Please list one personal reference (non-family) who we may contact about your application.

Name: _____ Relationship: _____

Phone Number: _____

2. Please list one church reference who we may contact about your application.

Name: _____ Relationship: _____

Phone Number: _____

APPLICANT'S STATEMENT

The information in this application is correct to the best of my knowledge. I authorize any references of churches listed in this application to give any information they may have regarding my character and abilities in ministering to children. I release all such references from liability for any damage that may result from furnishing such evaluations, and I waive any right I may have to inspect references provided on my behalf. Should my application be accepted, I agree to be bound by the policies of both my home and host church and to refrain from non-scriptural conduct in the performance of my services.

Signature: _____ **Date:** _____