

Returning Counselor Application & Legal Questionnaire

(Fill out this application if you have been a counselor at MS/HS Camp within the last 2 years. You must also fill out the Pastor Recommendation and Legal Questionnaire).

General Information – Please type or print clearly.

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address (Required) : _____

Social Security Number: _____ Date of Birth: ____ / ____ / ____

Sex: Male Female Marital Status: Single Married

Driver's License Number: _____

In case of emergency, please notify: _____ Telephone Number: _____

Personal Information

At which camp do you wish to minister? (Please check.)

____ Middle School (June 16-20, Grade 6-8)

____ High School (June 9-14, Grade 9-12)

Name of your church: _____ Member: YES / NO

Size of group you anticipate coming with: _____

