

COUNSELOR APPLICATION (Must be 21 years or older to apply)

Name _____
Last First Middle Initial

Address _____

City _____ State _____ Zip _____ Phone _____

Your local church _____

Your position/ministry in the church _____ Occupation _____

Camp: ___ Grades 1 - 3 ___ Grades 4 - 6

Shirt Size: ___Small ___Medium ___Large ___X-Large ___2X ___3X

1. Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? ___Yes ___No

2. Have you ever been a counselor at Northwest Oklahoma Camps? ___Yes ___No

3. Do you prefer to counsel children from your own church? ___Yes ___No

4. Do you want your child in your own cabin? ___Yes ___No

5. Are you willing to lead cabin devotions? ___Yes ___No

6. Do you feel comfortable leading a child to Christ? If no, explain ___Yes ___No

7. Do you have training with physically or emotionally handicapped children? If yes, describe ___Yes ___No

8. Are you able to lead a child in the plan of salvation? ___Yes ___No

9. I want to be a counselor because:

10. Share your conversion experience and your current testimony.

CRIMINAL RECORDS REQUEST RELEASE

Race _____ Sex _____ Date of Birth ____/____/____ State of Birth _____

Social Security # _____ Driver's License # _____ State _____

Maiden Name _____ AKA's _____

Signed _____ Date _____

Printed Name _____

MEDICAL INFORMATION

Birthday ____/____/____

Insurance company: _____

Policy number: _____

Social security number: _____ - _____ - _____

List of allergies:

Any physical conditions the nurse needs to be aware of? _____

What medications are you currently taking?

Date of last tetanus shot: _____

Who to call in an emergency? Name _____

Phone # _____

Name _____

Phone # _____

Primary physician Name _____

Phone # _____

Dentist: Name _____

Phone # _____

NORTHWEST OKLAHOMA DISTRICT

Kids Camp Counselor Application

CAMP DATES

July 10-13 Grades 1 - 3

July 13-17 Grades 4 - 6

COUNSELOR INFORMATION

- ✘ Must be 21 years of age to apply
- ✘ One counselor needed for every 6 kids attending
- ✘ Counselor applications are considered in the order they are received
- ✘ BFC pays all registration fees
- ✘ All Counselor Applications must be turned in to the Children's Ministries Office

Questions???

Contact Children's Ministries Office at 789-2050 or ccannon@bethanynaz.org

