

Counselor Registration – Winter Feb 17-19, 2018

- Jr. High Counselor (oversees 6th-8th grade students)**
- High School Counselor (oversees 9th-12th grade students)**

The minimum age for counselors is 21 years old, **NO EXCEPTIONS.**

Church Name: _____ Church City: _____

Applicant's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Age: _____ D.O.B.: ____/____/____ Male Female T-shirt size: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Your Email Address _____ Driver's License #: _____

Emergency Contact Name: _____

Emergency Phone: (____) _____ Relationship: _____

Please make sure that all of the lines are filled out prior to sending it in to your church. We will not register your counselor if anything is missing. (If something is not applicable then please put N/A.)
Camp insurance is secondary to personal health insurance.

Health Insurance Company: _____ Policy # _____

Physician: _____ Phone # (____) _____

Are you taking any **prescription medication(s)**: Yes No If so, please list what exactly and when it is to be taken: _____

Please list all **severe allergies**, recent medical conditions and physical restrictions:

Please list all **special needs OR DIETARY NEEDS** counselor may have or additional comments:

Date of last Tetanus shot: _____

In case of medical and/or surgical emergency, I hereby give permission to the selected physician by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia, X-rays, or surgery for the above named individual. I also give permission for the camp nurse to administer the medications indicated.

Self or Parent/Guardian if under 18 years of age

Date

Please print name (Self / Parent or Guardian)

****It is mandatory for every counselor to fill this section out in its entirety****

1. Have you ever been a Counselor for Church of God Youth Camps before: Yes
 No
2. When were you saved? Please give a brief testimony.
3. What experience do you have in working with youth?
4. Have you ever led someone to Christ? Yes No
5. How has God used you to make a difference in the lives of others?
6. Have you ever been convicted of a crime involving a minor? Yes No
If yes, please explain:

I will cooperate with the Director, Staff, rules and program of the camp. I understand I will be held responsible for any and all damage done by myself, real or personal and I must pay for it. I hereby consent to any treatment deemed advisable in an emergency by a physician.

COUNSELOR'S SIGNATURE _____ **DATE** _____

Important Information:

- ⇒ For the protection of all campers; staff & counselors must have a background check through their church or at your local police department. If you have not had this done through your church so they can verify it please go to your local police department and attached the clearance form to this application.

PASTOR RECCOMENDATION (to be completed by Pastor)

Above mentioned perspective counselor: I have known him/her for _____ years
_____ months

Has accepted Jesus Christ as their Lord and Savior Yes No

Is a regular attendee and active participant in our congregation Yes No

- ⇒ Has completed a background check for our church & been cleared

Yes No

Or

- ⇒ Has attached a background check from our local police department

Yes No

I recommend this counselor to the Church of God Association of Northern California as one who will cooperate with the Director(s), Staff, rules and program of the camp.

PASTOR'S SIGNATURE _____ **DATE** _____

****Pastor must sign counselor form****