

APPLICATION FOR VOLUNTEER COUNSELOR
Hartland Christian Camp
57611 Eshom Valley Drive, Badger, CA 93603
(559) 337-2349 FAX (559) 337-2251 E-MAIL info@hartlandcamp.com

Our service for Christ is very important. It requires much prayer, careful thought and obedience to the Holy Spirit. Please complete your application carefully and prayerfully answering each question honestly before God.

- I am applying to be a counselor at:
- JUNIOR WINTER CAMP – February 2-4, 2018
(Minimum age 18 by January 1, 2018)
 - JUNIOR HIGH WINTER CAMP – February 9-11, 2018
(Minimum age 18 by January 1, 2018)
 - HIGH SCHOOL WINTER CAMP – February 16-19, 2018
(Minimum age 20 by January 1, 2018)

Section 1 Personal Information

Name _____ Phone _____

Address _____ City _____ Zip _____

Birthdate ____ / ____ / ____ Age ____ Sex ____ Social Security _____ Drivers License # _____

Marital Status: Single Married Separated Divorced Widowed Drivers License # _____

Number of Children _____ Ages of Children _____

Your church _____ Phone _____

Address _____ City _____ Zip _____

Are you a member? Yes No Active: Weekly Monthly Occasional

Education: High School _____ College _____

Adult T-Shirt Size: Small Medium Large X-Large XX-Large

Medical Information

In an emergency, notify _____

Relationship _____ Phone(_____) _____

Are you in good health? Yes No If no, explain _____

Any physical handicaps that would limit your role as a counselor? Yes No

If yes, explain _____

Are you taking any medications? Yes No If yes, explain _____

Any other medical information we should know _____

Personal Physician _____ Phone(_____) _____

Have you counseled before Yes No If yes, where _____

When _____ What age group _____

Section 2 Complete this section if you are a first-time counselor at Hartland. Returning counselors skip to section 3.
Comment on responsibilities, experiences or training that you feel qualifies you to be a camp counselor.

What age group do you feel you work best with _____

State three reasons, in order of priority, why you would like to serve as a counselor

1. _____
2. _____
3. _____

Please complete the following in two or three sentences

1. Who is God to you? _____

2. Who is Jesus Christ to you? _____

3. Who is the Holy Spirit to you? _____

If one of your campers wanted to accept Jesus as Savior, what would you do?

1. **Briefly state your personal testimony. (Include when, how and why)**
2. **How has the Lord been working in your life in the last six months?**

Section 3

Have you ever been arrested or convicted for any offense other than a minor traffic violation? If yes, provide details on separate sheet of paper. ___ Yes ___ No

Have you ever been accused, arrested, or convicted for any sexually related crimes? If yes, provide details on separate sheet of paper. ___ Yes ___ No

Are there any other circumstances involving your life-style or background that would call into question your ability to work with youth? If yes, provide details on separate sheet of paper. ___ Yes ___ No

If accepted as a counselor for Hartland Christian Camp, I am willing to abide by the rules and policies of Hartland Christian Camp. ___ Yes ___ No

I authorize Hartland to conduct a background check. ___ Yes ___ No

Signature _____ Date _____

Parent signature is required for all applicants under the age of 18

In case of emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure treatment for, transport by ambulance, order injection, anesthetic or surgery as needed for the above camper.

Signature of Parent / Legal Guardian _____ Date _____

Day phone _____ Evening phone _____

Pastor / Youth Pastor Recommendation (complete prior to mailing to Hartland)

I, _____, have reviewed the application of _____
(Pastor / Youth Pastor) (Applicant for Counselor)

To the best of my knowledge and belief, the applicant has professed Jesus Christ as Savior and Lord. This is evidenced in the life of the applicant. I feel that the applicant is capable of being a camp counselor for the age group indicated on page one of this application.

Comments (if any) _____

(Signature of Pastor / Youth Pastor) _____ (Date) _____

Name of Pastor/Youth Pastor _____ Phone() _____

For Hartland office use only:

Background check complete ___ / ___ / ___ by _____

This individual IS NOT registered on the N.S.O.P.W. database

This individual IS registered on the N.S.O.P.W. database - If yes, please describe action taken: _____

