

**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 6-8, 2009  
(Minimum age 16 by January 1, 2009)
  - JUNIOR HIGH WINTER CAMP – February 13-16, 2009  
(Minimum age 18 by January 1, 2009)
  - SENIOR HIGH WINTER CAMP – February 20-22, 2009  
(Minimum age 18 by January 1, 2009)

**Personal Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Social Security \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

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

**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 \_\_\_\_\_

**Comment on responsibilities, experiences or training that you feel qualifies you to be a camp counselor.**

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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? \_\_\_\_\_

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2. Who is Jesus Christ to you? \_\_\_\_\_

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3. Who is the Holy Spirit to you? \_\_\_\_\_

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

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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?**

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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 \_\_\_\_\_

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***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 \_\_\_\_\_