

SOUTH TEXAS YOUTH CAMP 2008

WEEKLY COUNSELOR APPLICATION

FORMS MUST BE SUBMITTED FOUR WEEKS PRIOR TO CAMP. Please complete this form and give it to your pastor to sign and mail to address below. **ALL YOUTH PASTORS ATTENDING CAMP, MUST COMPLETE THIS FORM.** If approved, you will receive a confirmation letter.

PLEASE CIRCLE CAMP ATTENDING

Youth Camp #1
 Dates: June 9-13
 Speaker: Wayne Northup
 Fee: \$0

Youth Camp #2
 Dates: June 16-20
 Speaker: Jeff Hiller
 Fee: \$0

Youth Camp #3
 Dates: June 23-27
 Speaker: Pat Schatzline
 Fee: \$0

Youth Camp #4
 Dates: June 30- July 4
 Speaker: Jason Spears
 Fee: \$0

Legal Last Name: _____ Legal First Name: _____ M.I. _____

Nickname/Preferred Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Age: _____ Marital Status: Married Single Engaged Divorced

Address: _____ City: _____ St: _____ Zip: _____

Email: _____

Home Number: (____) _____ Cell: (____) _____ Work: (____) _____

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

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE. FORMS WILL NOT BE PROCESSED WITHOUT A COPY OF YOUR DRIVER'S LICENSE.

Are you a Christian? (if the answer is no, there is no need to continue) Yes No

Are you filled with the Holy Spirit? Yes No If not are you earnestly seeking to be filled: Yes No

Church attending with: _____ City: _____ Church #: (____) _____

Pastor's Name: _____ Youth Pastor's Name: _____

Have you worked as staff in youth camps previously: Yes No If so, when: _____

Do you have any physical handicaps or conditions preventing you from performing certain types of activities: _____

Do you use tobacco: Yes No Have you ever been convicted of a criminal offense (excluding minor traffic violations): Yes No

Do you drink alcoholic beverages: Yes No Do you use illegal drugs or any substance abuse: Yes No

Do you have insurance (if so please complete the following information): Yes No

Insurance Company: _____

Address: _____ City: _____ St: _____ Zip: _____

Policy Number: _____

I agree to abide by the camp policies. I understand that I will be held responsible for any medical expenses that may occur. I am willing to have a criminal background check done by a law enforcement agency. Finally, I agree to view the staff/counselor training materials prior to camp.

Signature/Date

*****THIS AREA TO BE COMPLETED BY THE SENIOR PASTOR ONLY*****

Pastor, please complete this portion and then return the application to South Texas Youth Ministries, P.O. Box 9714, Houston, TX 77213

The above person named is known to me as _____

Has a criminal background check been done by you? Yes No

Is there any reason why this person should NOT serve as staff at Youth Camp? (if so, explain): _____

Rate the Applicant:

Spiritual Maturity Excellent Good Fair Poor

Spirit of Cooperation Excellent Good Fair Poor

Dependability Excellent Good Fair Poor

Pastor's Signature/Date