

# Counselor Registration Form

Meal Fee: \$\_\_\_\_\_ (Each counselor & staff pay a fee of \$\_\_\_\_\_ to help cover the cost of 15 meals for the session.)

Counselor's Name: \_\_\_\_\_ Home Church: \_\_\_\_\_  
(First Name) (Last Name)

\_\_\_\_ Male \_\_\_\_ Female      Birthday \_\_\_\_\_ T-Shirt size: S M L      S M L XL 2X 3X  
mm dd yy      Youth      Adult

What grade do you prefer to counsel at camp? Write a 1 on the line of your top choice 2 for your second choice  
6<sup>th</sup> \_\_\_\_ 7<sup>th</sup> \_\_\_\_ 8<sup>th</sup> \_\_\_\_ 9th \_\_\_\_ 10<sup>th</sup> \_\_\_\_ 11<sup>th</sup> \_\_\_\_ 12<sup>th</sup> \_\_\_\_ G \_\_\_\_

Do you plan on making the Counselor Training Session? Yes No (All Counselors need to be in attendance)  
Have you ever served as a counselor at camp before? Yes No If yes, how many camps? \_\_\_\_  
Do you have child/children who will be attending this camp? Yes No List name(s) \_\_\_\_\_

Would you like to be a counselor in your child's cabin? Yes No Which Child? \_\_\_\_\_  
If necessary, would you be willing to be a counselor in a cabin *other* than your child's? Yes No

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Your E-mail: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
(Name) (Relationship) (Phone Number)

Have you been screened by the children or youth ministry program? Yes No Approved? Yes No

(All counselors and staff are required by law to be screened and approved by their home church children or youth ministry program before acceptance. All screenings will be verified by the applicant's local church leadership (elders, ministers) or by the local church's children's ministry leader.)

## MEDICAL HISTORY

Date of last Tetanus shot (year) \_\_\_\_\_

Do you have any allergies or medical conditions (Drug, Food, Environmental) Yes No

If yes, please list and explain in detail: \_\_\_\_\_

Will you need to take medication at camp? Yes No If so, please explain: \_\_\_\_\_

## RELEASE

I am applying to volunteer to serve as a counselor at the \_\_\_\_\_ Youth Camp and hereby relieve the \_\_\_\_\_ Youth Camp, the \_\_\_\_\_ Church, and all affiliated staff from any and all liability for sickness, accidents or injuries while attending or being transported to/from the camp facilities & property. I am a competent adult, and I assume all risks and responsibilities associated with working at and participating in camp of my own free will. I give permission to the \_\_\_\_\_ Staff to use pictures / video of me for the purposes of promoting the camp experience of the \_\_\_\_\_ YC.

Your Name \_\_\_\_\_  
(Print) (Signature) (Date)

## PAYMENT INFORMATION (\$\_\_\_\_\_ Meal Fee)

Mail a check payable to "\_\_\_\_\_" with "\_\_\_\_\_yc counselor registration" in the memo area.

## Recommendation by Church Leadership (Elder or minister) or Children's Ministry Leader

I recommend this applicant to serve as a counselor at the \_\_\_\_\_ Youth Camp and verify that they are appropriately screened

Signed \_\_\_\_\_ Title Church \_\_\_\_\_

PLEASE MAIL FORM To: \_\_\_\_\_

