

SOUTH TEXAS YOUTH CAMP 2012

WEEKLY COUNSELOR / ADULT VOLUNTEER APPLICATION

FORMS MUST BE SUBMITTED BY **April 13, 2012**.

Please complete this form and give it to your Pastor to sign and mail to the address below.

ALL YOUTH PASTORS ATTENDING CAMP MUST COMPLETE THIS FORM. If approved, you will receive a confirmation letter and/or e-mail
Please include ALL of the following: Weekly Counselor Application, Copy of Drivers License, Multi-State background check.

PLEASE CIRCLE CAMP ATTENDING

*****MUST BE 21 YEARS or Older*****

Youth Camp #1 Dates:

June 4-8

Speaker: Garland Owensby

Youth Camp #2 Dates:

June 11-15

Speaker: Chet Caudill

Youth Camp #3 Dates:

June 18-22

Speaker: Pat Schatzline

Youth Camp #4 Dates:

June 25-29

Speaker: John Boore

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

Nickname/Preferred Name: _____ Gender: Male Female

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

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

Email: (email you want confirmation sent to) _____

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 (and the above information completely filled out).

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. As a participant in this event, I authorize the South Texas District Council of the Assemblies of God to use my likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claim against the District for the use of such photographs or video. 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