



Mail to: one life 626 W. Bottom Ave. Columbia, IL 62236

CAMP: July 21-26, 2024

COUNSELOR/STAFF APPLICATION

DUE BY APRIL 1

Instructions: *Please Print.* All information is held strictly confidential.
This form must be completely filled out.

Date _____ **Current Drivers License #** _____ **Social Security #** _____
(a photocopy of license must accompany application)

_____ M/F _____ / _____ / _____
Last Name First Name Sex Birthdate

_____ Age _____ Marital Status _____
Street

_____ City _____ State _____ Zip _____

Occupation _____ Name of Employer _____ Number of years _____

How long have you lived in [state]? _____ Years and _____ months If you have lived in [state] for less than one year, list your complete addresses for the last five years:

(_____) _____ (_____) _____
Home Phone Bus. Phone

_____ (_____) _____
Emergency Contact Relationship Phone

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

Do you have certification in the following?: CPR First Aid Lifeguard Nurse EMT

Do you have previous training or background in dealing with abused, neglected or abandoned children?

No Yes. In what way: _____

Were you a victim of abuse, neglect or abandonment as a minor?: NO YES
 Yes, but I would prefer to discuss this in person.
Please

Clarify: _____

Please describe why you wish to be a counselor for abused kids (use the back for space if necessary):

MEDICAL HISTORY

Do you have any medical conditions? NO YES, please describe:

Do you take any medications? NO YES, please list medicine, reason and any side effects:

Have you had any serious illness or injuries in the last three years? NO Yes, please list:

Do you have any physical handicaps or conditions preventing you from performing any type of activity? NO YES, please list

RECORD OF EDUCATION

High School Name: _____ Date of Graduation: _____

College: _____ Major: _____ Date of Graduation: _____

Other: _____ Major: _____ Date of Graduation: _____

PERSONAL REFERENCES (not former employers or relatives)

1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Name Address Phone

PERSONAL PROFILE

Have you committed your life to Jesus Christ? NO YES Where & When: _____

What church do you presently attend? _____ How long? _____ Yrs. _____ Mos.

Pastor's Name: _____ Church Phone #: _____

Do you have any previous experience working with children? NO YES, please describe:

Do you have any previous experience working with abused children? NO YES, please describe:

Do you feel you could lead a 15-minute devotion with your campers with material we provide?
 YES NO

Please circle all the words below which you believe accurately describe you:

Timid	Gentle	Impatient	Modest	Nervous	Loving
Tactful	Mature	Sarcastic	Patient	Angry	Deliberate
Congenial	Compassionate	Stubborn	Kind	Studious	Selfish
Secure	Considerate	Abrasive	Trustworthy	Motivated	Verbal
Organized	Impulsive	Intelligent	Insecure	Relaxed	

List below, five strengths and five weaknesses you have in working with children (please be specific)

Strengths

1. _____
2. _____
3. _____
4. _____
5. _____

Weaknesses

1. _____
2. _____
3. _____
4. _____
5. _____

I would prefer my campers to be:

7 Yrs Old 8 Yrs Old 9 Yrs Old 10 Yrs Old 11 Yrs Old

Have you ever been arrested for a criminal offense?

NO YES

Have you ever been convicted of or plead guilty to a crime?

NO YES

Have you ever been arrested for sexual misconduct?

NO YES

Have you ever been convicted of or plead guilty to sexual misconduct?

NO YES

Have you ever taken drugs other than prescription drugs?

NO YES

Do you currently:

use tobacco NO YES

use alcohol NO YES

use drugs NO YES

If you answered "YES" to any of the above please explain. Use the reverse side if necessary.

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by **One Life and Life Community Church**, I hereby release any individual, church, youth organization, charity, employer reference, or any other person or organization, including record custodians, both collectively and individually from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Please be advised that a criminal history check will be requested from the state(s) of **Illinois** as authorized by state law.

Print Name

Signature

Date