

# COUNSELOR / WORKER - Camp Standlee 2011 Application

Questions Call: (816) 842-3698 or [www.evangelisticcenter.com](http://www.evangelisticcenter.com) Fee: \$175.00

Name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female /  Single  Married

Spouse Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone W/ Area Code (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Emergency Phone W/ Area Code (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Race:  Caucasian  Black  Asian  Hispanic  Native American  Other \_\_\_\_\_

Church Attending \_\_\_\_\_ Church Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastors Name \_\_\_\_\_

## **IT IS IMPORTANT THAT YOU HAVE YOUR OWN HOSPITALIZATION COMPANY!**

*This information must be filled out completely in order to process this application.*

Name of Insurance Company \_\_\_\_\_

Policy or Group Number \_\_\_\_\_

I hereby give permission to a doctor and hospital with proper credentials to give emergency treatment to:

*We must have your signature, even if you do not have insurance.* ➡



\_\_\_\_\_  
*Your Signature*

**Please indicate if you have any special medical condition and/or need for medication.**  
*(i.e. Diabetes, Asthma, Epilepsy, Allergies, Etc.) Please label all medication clearly!*

I hereby release the Evangelistic Center Church, and all supervising sponsors from all damages, injuries, claims, demands or causes of action, I or any of my family members, my heirs, executors, administrators of assigns may have arising out of the youth camp called Camp Standlee, additionally, I authorize the adults supervision sponsor to consent to any emergency medical treatment to be rendered to the person named above, should that be deemed necessary. I hereby release the Evangelistic Center Church, and all supervising sponsors assigns may have arising out of this youth camp called Camp Standlee.

*We must have your signature in order for you to attend camp!* ➡



\_\_\_\_\_  
*Your Signature*

Have you ever been convicted of sexual misconduct or molestation? \_\_\_\_\_

Any current circumstances or situations that could lead to above? \_\_\_\_\_

**Pastors Comments & Approval:** *(Can work alone, great with teens, needs co-worker, etc.)*



\_\_\_\_\_  
*Pastor's Signature (This must be signed by your Pastor)*

### **Important for Counselors**

1. Age Group you prefer to work with (be specific)? \_\_\_\_\_

2. Do you prefer to be with someone or counsel alone? \_\_\_\_\_

3. Counselors duties include participation in activities. Please specify which area that you prefer to work in. \_\_\_\_\_

4. If you have counseled before list past experience \_\_\_\_\_

Use Back if you need more room.

**ALL AREAS OF APPLICATION MUST BE COMPLETED, LEGIBLE AND SIGNED OR APPLICATION IS NOT VALID!**  
**A \$25.00 deposit is required with your application.**