

COUNSELOR / WORKER - Camp Standlee 2010 Application

Questions Call: (816) 842-3698 or www.evangelisticcenter.com Fee: \$150.00

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.