



YOUTH CAMP COUNSELOR APPLICATION

Full legal name: _____

Phone: _____ E-mail: _____

Physical address: _____ Mailing address: _____

Gender: M F DOB: ___ / ___ / ___ Dates available: _____

Where you mark "yes" to the following questions, turn the page over, write the corresponding number, and explain:

1. Have you been convicted of a crime? Y N
2. Do you have any chemical addictions? Y N
3. Do you have emotional issues that would compromise this work? Y N
4. Do you have physical limitations that would compromise this work? Y N
5. Are you a born-again follower of Jesus Christ? Y N

Ages you prefer to counsel: _____

Church affiliation: _____

Relevant experience working with youth: (continue on back, or attach relevant documents):

Hilltop Youth Camp – Counselor Application

Why do you want to work with youth?

Why do you want to work at Hilltop Youth Camp?

I affirm that all information on this document is accurate and true.

Name (print): _____

Signature: _____

Date: _____