

Circle G Camp Counselor/ Worker Application

Name: _____ Age: _____ College years completed: _____
SSN: _____ Date of birth: _____ Sex: M / F
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Cell phone: (____) _____ Parent's phone: (____) _____
Father's Name: _____ Mother's Name: _____
Church you attend NOW: _____ Pastor's name: _____
Pastor's Phone Number: (____) _____ Activities/gifts/talents: _____

Your e-mail address: _____

Please briefly give your testimony: _____

Have you ever been convicted of a crime? Have you ever been involved directly or indirectly with a complaint involving mistreatment of a minor in any way? _____. If answering yes to either of these questions, explain on the back of this form.

Do you smoke? _____ Drink? _____ Use drugs? _____
Can you swim? _____ Do you have any certifications that may be helpful in a camp setting (ie CPR, first aid, rescue/life guard etc)? If so what are they? _____
Would you be willing to submit to a drug screen prior to serving at this camp? _____
Would you be willing to submit to a background check prior to serving at this camp? _____

References:
Provide 3 references from people not related to you that KNOW you well enough to answer questions about you.

Name	Phone Number	Address	Relationship to you
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Briefly explain why you would like to serve as a counselor at Circle G Mountain Ministries/ God's Mountain Retreat. _____

