

# 2007 IOWA YOUTH CAMP

## Counselor Application

(Please type or print)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOC SECURITY # \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated

CHURCH \_\_\_\_\_

CITY \_\_\_\_\_

What year did you accept the Lord? \_\_\_\_\_

Have you been filled with the Baptism of the Holy Spirit evidenced by speaking in tongues? \_\_\_\_\_ What year? \_\_\_\_\_

Is your life free from sexual immorality? \_\_\_\_\_

Have you used tobacco in the last 5 years? \_\_\_\_\_

If yes, how long ago? \_\_\_\_\_

Have you consumed alcoholic beverages in the last 5 years? \_\_\_\_\_

If yes, how long ago? \_\_\_\_\_

Have you used illegal drugs in the last 5 years? \_\_\_\_\_

If yes, how long ago? \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a criminal offense (excluding minor traffic violations)? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been involved in any sort of child molestation, indecent exposure or any other sexually related crime as an adult? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Copy of drivers license required  
(affix here)

### COUNSELOR FEE: \$20 PER CAMP

(Includes 2 free camp T-shirts to wear at camp)

### MINIMUM AGE LIMIT FOR COUNSELORS

Kids - 16 years old  
Junior High - 18 years old  
Junior / Senior High - 22 years old  
Senior High - 22 years old

**NO BODY PIERCING OF ANY KIND WILL BE ALLOWED. GIRLS MAY HAVE PIERCED EARS ONLY. See Romans 14:21**

**If you are a student and want to counsel a younger age camp, you must attend the camp for your age group.**

### CAMPS YOU ARE APPLYING TO BE A COUNSELOR AT:

- \_\_\_\_\_ Junior High - June 11 - 15
- \_\_\_\_\_ Junior / Senior High - June 18 - 22
- \_\_\_\_\_ Senior High - June 25 - 29
- \_\_\_\_\_ Kids #1 - July 9 - 13
- \_\_\_\_\_ Kids #2 - July 16 - 20

Number of years previously counseled in Iowa? \_\_\_\_\_  
Number of years previously counseled in other Districts? \_\_\_\_\_  
Which Districts? \_\_\_\_\_

Is there anything else that would be important for us to know about you? \_\_\_\_\_

\_\_\_\_\_

**CHURCH HISTORY AND PRIOR YOUTH WORK**

List (name and address) other churches you have attended regularly during the past five years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If my application is accepted, I pledge to conduct myself as a Christian and to abide by all camp rules, fully obeying those whom have been placed in authority over me while at camp.

**The \$20.00 Counselor Fee (per camp) must be sent in with this form. This fee helps defray a portion of the expenses incurred by the Youth & Education Department for two T-Shirts, Background checks, meals and housing.**

**Do you voluntarily consent to a District Council mandated background check?  Yes  No If no, your application will not be processed.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_  
(If applicant is a minor, the witness must be a parent or legal guardian.)

Thank you for completing this application form. You will be notified by mail if you have been accepted and if we are in need of counselors that particular week.

**REFERENCE CERTIFICATION**

PLEASE HAVE YOUR SENIOR PASTOR, YOUTH PASTOR, OR A CHURCH BOARD MEMBER COMPLETE THE FOLLOWING CERTIFICATION. CHOOSE THE ONE WHO KNOWS YOU BEST.  
**DO NOT USE SOMEONE WHO IS RELATED TO YOU.**

- I am personally acquainted with the applicant, and in my opinion he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any questions concerning his or her suitability for working with minors in any activity.
- I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day:  
\_\_\_\_\_.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
(Print or type name)

*(check one)*

- Senior Pastor
- Staff Pastor
- Church Board Member (Only when church is without any pastors / or pastor is the parent of applicant.)

Send to: Iowa Ministry Network  
10525 Buena Vista Ct  
Urbandale, IA 50322

**Did you: ✓Sign ✓Enclose a copy of your Drivers License ✓Enclose \$20.00 ✓Reference Signature**