

For Office Use Only	
_____	Received
_____	Interviewed
_____	Contacted
_____	Fingerprinted



Attach Photo

Sponsored by Life Center Church
 6022 E. Candlewood St., Lakewood CA 90713
 562-866-9078
 July 6 - 11 • 2008

COUNSELOR/STAFF APPLICATION

Instructions: *Please Print.* All information is held strictly confidential. This form must be completely filled out. The information is vital to your acceptance and possible placement as a counselor.

Date	Current Drivers License # <small>(a photocopy of license must accompany application)</small>	Social Security #
------	---	-------------------

Last Name	First Name	M____F____ Sex	____/____/____ Birthdate
-----------	------------	-------------------	-----------------------------

Street	Age	Marital Status
--------	-----	----------------

City	State	Zip
------	-------	-----

Occupation	Name of Employer	Number of years
------------	------------------	-----------------

How long have you lived in California? _____ Years and _____ months. If you have lived in California for less than one year, list your complete addresses for the last five years:

(____) _____ Home Phone	(____) _____ Bus. Phone
----------------------------	----------------------------

Emergency Contact	Relationship	(____) _____ Phone
-------------------	--------------	-----------------------

T-Shirt Size: Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

Do you have certification in the following?: CPR First Aid Life Guard Nurse EMT

Do you have previous training or background in dealing with abused, neglected or abandoned children?

No Yes. In what way: _____

Were you a victim of abuse, neglect or abandonment as a minor?: NO YES,

Yes, but I would prefer to discuss this in person.

Please Clarify: _____

Please describe why you wish to be a counselor for abused kids (use the back for space if necessary):

MEDICAL HISTORY

Do you have any medical conditions? NO YES, please describe:

Do you take any medications? NO YES, please list medicine, reason and any side effects:

Have you had any serious illness or injuries in the last three years? NO Yes, please list:

Have you any physical handicaps or conditions preventing you from performing any type of activity?

NO YES, please list

RECORD OF EDUCATION

High School Name: _____ Date of Graduation: _____

College: _____ Major: _____ Date of Graduation: _____

Other: _____ Major: _____ Date of Graduation: _____

PERSONAL REFERENCES (not former employers or relatives)

1. _____

Name

Address

Phone

2. _____

Name

Address

Phone

3. _____

Name

Address

Phone

PERSONAL PROFILE

Have you committed your life to Jesus Christ? NO YES Where & When: _____

What church do you presently attend? _____ How long? _____ Yrs. _____ Mos.

Pastor's Name: _____ Church Phone #: _____

Do you have any previous experience working with children? NO YES, please describe:

Do you have any previous experience working with abused children? NO YES, please describe:

Do you feel you could lead a 15 minute devotion with your campers with material we provide? YES NO

PERSONAL PROFILE CONTINUED

Please circle all the words below which you believe accurately describe you:

Timid	Gentle	Impatient	Modest	Nervous	Loving
Tactful	Mature	Sarcastic	Patient	Angry	Deliberate
Congenial	Compassionate	Stubborn	Kind	Studious	Selfish
Secure	Considerate	Abrasive	Trustworthy	Motivated	Verbal
Organized	Impulsive	Intelligent	Insecure	Relaxed	

List below, five strengths and five weaknesses you have in working with children (please be specific)

Strengths

1. _____
2. _____
3. _____
4. _____
5. _____

Weaknesses

1. _____
2. _____
3. _____
4. _____
5. _____

I would prefer my campers to be: 7 Yrs Old 8 Yrs Old 9 Yrs Old 10 Yrs Old 11 Yrs Old

