



# ELEVATE CAMPS

LOVE GOD  
LOVE OTHERS  
LOVE CAMP

## Group/Church Counselor Application

Date Completed: \_\_\_\_\_

Camp Week \_\_\_\_\_

### I. PERSONAL HISTORY

Name: Last First Middle			Phone	
Present Address			E-Mail Address	
City		State / Province	Zip/Postal Code	Country
Years lived at present address	Citizenship	Gender: M <input type="checkbox"/> F <input type="checkbox"/>		
Others living with you, include relationship				
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe here or write on a separate sheet if necessary.				
When was the last time you used the following? Tobacco Hallucinatory Drugs and/or Marijuana				

### II. PHYSICAL DATA

CONDITION OF HEALTH:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
List any serious illnesses, operations, accidents or nervous disorders you have had in the last year, with approximate dates of occurrence.				

### III. LOCAL CHURCH INVOLVEMENT

Church Presently Attending		Pastor	
Church Address		Church Phone Pastor's Home Phone	
Denomination/Conference/Fellowship	Services Regularly Attended SS <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Mid-Week <input type="checkbox"/>		
Church Membership? Yes <input type="checkbox"/> No <input type="checkbox"/> Date			
Previous Church Attended		Pastor	
Church Address		Church Phone Pastor's Home Phone	
Reason for Leaving		Dates Attended	
Have you ever been subject to church discipline? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:			

### V. EDUCATION

CHECK THE COMPLETED YEAR	High School	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	College	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Graduate	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Have you had any formal Bible training? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:						

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## VI. BACKGROUND INFORMATION

**Please completely and thoroughly answer the following questions.**

1. Have you ever been convicted of or plead guilty to a crime? If yes, please explain:
  
  
  
  
  
  
  
  
  
  
2. Have you ever been in a juvenile detention center, jail or prison? If yes, please explain:
  
  
  
  
  
  
  
  
  
  
3. Have you ever been on probation? If yes, please explain:
  
  
  
  
  
  
  
  
  
  
4. Have you been accused of or participated in any sexual related offenses? If yes, please explain:
  
  
  
  
  
  
  
  
  
  
5. Have you ever been accused of or participated in any act of child abuse, child neglect or child molestation? If yes, please explain:
  
  
  
  
  
  
  
  
  
  
6. Do you have a contagious or infectious disease or condition, which could be transmitted to others? If yes, please explain.

### Criminal Records Check Authorization: (PLEASE READ CAREFULLY BEFORE SIGNING)

I hereby give my permission to have a criminal background check performed. As well, I hereby release Elevate Camps from any and all liability resulting from such disclosure. I understand that these measures are taken to maintain and ensure a safe environment for all campers and staff.

Applicant's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Witness's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date: \_\_\_\_\_