

Junior Camp Counselor Application

Full Name: _____

Address: _____

Date of Birth: _____

Cell Number: _____

Name of Church: _____

Pastor: _____

Are you Born Again: _____ **When:** _____

What is your current leadership role at your church: _____

Did you complete the Safe Church Video: _____

Have you been arrested for any crime: _____

Signature: _____

Date: _____

Pastor's Signature: _____

