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Sponsored by TrinityLife  
 2122 West Joppa Road Lutherville, MD 21093 410-821-6573  
 July 22-27 • 2018

# 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 # \_\_\_\_\_ Social Security # \_\_\_\_\_  
 (a photocopy of license must accompany application)

\_\_\_\_\_ 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 [state]? \_\_\_\_\_ Years and \_\_\_\_\_ months If you have lived in [state] 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:

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

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

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

Have you ever been arrested for a criminal offense?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Have you ever been convicted of or plead guilty to a crime?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Have you ever been arrested for sexual misconduct?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Have you ever been convicted of or plead guilty to sexual misconduct?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Have you ever taken drugs other than prescription drugs?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Do you currently: use tobacco	<input type="checkbox"/> NO <input type="checkbox"/> YES	use alcohol
	<input type="checkbox"/> NO <input type="checkbox"/> YES	use drugs
	<input type="checkbox"/> NO <input type="checkbox"/> YES	

If you answered "YES" to any of the above please explain. Use the reverse side if necessary.

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**Applicant's Statement**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by **[church name]**, I hereby release any individual, church, youth organization, charity, employer reference, or any other person or organization, including record custodians, both collectively and individually from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Please be advised that a criminal history check will be requested from the state(s) of **[list state(s)]** as authorized by state law.

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Witness Name	Witness Signature	Date