



Counselor Application

Summer **2023**

Please fill out the form completely and accurately as possible. When finished, please email it to mlbc@bbckfalls.org

Personal Information

Last Name: _____ First Name: _____

Male/Female Birthday: _____ Age: _____ Grade in School in Fall of 2023: _____

Address: _____

Phone: _____ Email: _____

Home Church: _____

Pastors Name: _____ Pastor's Phone#: _____

Parents Name (if under 18): _____ Parent's Phone #: _____

Which camp(s) are you applying for (circle one or more):

Camp	Date of camp	Minimum age to apply
Middle School Camp (Grades 6-8)	June 19-23	16
Junior Camp (grades 3-5)	June 26-June 30	15
Day Camp (grades k-3)	July 4-7	10
High School Camp (grades 9-12)	July 10-14	20

Where are you interested in helping?

- | | |
|---|--|
| <input type="checkbox"/> Camp Counselor | <input type="checkbox"/> Worship team |
| <input type="checkbox"/> Medical team | <input type="checkbox"/> Recreation team |
| <input type="checkbox"/> Craft team | <input type="checkbox"/> Lifeguard |
| <input type="checkbox"/> Zipline crew | <input type="checkbox"/> Other _____ |



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Short Answer

List prior ministry involvement (mission trips, youth group events, evangelism, camps, etc.)

What skills or abilities do you possess that would help in your desired position?

Please share briefly on the following subjects

When and how did you come to know Jesus as your savior?

How are you active in your faith and maintaining a relationship with God?

I certify that all of the statements given on my application are accurate.

Your signature: _____

Date _____

Parent signature: _____

Date _____

(if applicant is under 18)