

**WEST COAST GRACE YOUTH CAMP  
RETURNING COUNSELOR APPLICATION**

Please complete and sign the following application and return it to your pastor or camp representative as soon as possible.

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Email \_\_\_\_\_  
Church Home \_\_\_\_\_  
Pastor \_\_\_\_\_

Do you have a first aid certificate? Y ( ) N ( ) Do you know CPR? Y ( ) N ( )

Do you have any special education or training? (Camping, Education, NRA Cert., etc...)

\_\_\_\_\_

\_\_\_\_\_

Which age group you would like to counsel? (Preference by choice #1,2,3)

Junior ( ) Jr. High ( ) Sr. High ( )

List any special physical limitations or medications.

\_\_\_\_\_

\_\_\_\_\_

**General duties and responsibilities of a counselor:**

- General cabin unity and cleanliness
- Cabin devotions every morning and evening
- Full participation in all games and activities
- One on one time with each camper in your cabin

**"I have accepted Christ as my personal savior and seek to use this opportunity to minister to campers in my care. I will be a faithful example, counselor and guide to the end that Jesus Christ will be glorified and honored. I understand the doctrinal position of the Grace Gospel Fellowship and the duties and responsibilities of being a counselor."**

Returning Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Pastor/Camp Rep. Signature \_\_\_\_\_ Date \_\_\_\_\_