Application for Adult Counselor

Name: _____ ☐ Male ☐ Female Birthday: ____/____/____

Church Name: _____ City: _____

Home Address: _____ City: _____ Zip Code: _____

Cell Phone: _____ E-mail Address: _____

I am applying to help as an adult counselor/chaperone for the following activity of the Association of the Church of God of So. California and So. Nevada: (Application must be submitted to the Association office prior to event):

Kids' (children's) Kamp   Event Date: June 27-29, 2025

Please use this section to describe your experience in ministry with children:

_____

_____

This form is to be signed by the Senior Pastor of your church to verify that your background check through LIVE SCAN has been conducted for the applicant named on this form, with no records for sexual misconduct found, and that the applicant is eligible to work with minors.

Signature of Senior Pastor: _____ Date: _____

Signature of Applicant: _____ Date: _____

Emergency Treatment Consent:

I agree and consent to having the staff members and/or counselors, under whose auspices the activity is conducted, and any other worker who has been approved as a guardian for this activity, to secure any medical care or treatment that may be necessary during the entire outing, including the trip to and from our destination for me. I further assume all responsibility for any decisions made, and the emergency care or treatment so secured by or for myself.

Applicant's Signature _____ Date _____

Do you have hospitalization insurance?   ☐ Yes   ☐ No

Name of Insurance Company _____

Policy Number _____ Group Number _____

Doctor's Name _____ Phone Number _____

Emergency Phone Numbers and/or cell phone:

Emergency Contact Name _____ Phone number _____

Your work/cell phone: _____ Other contact info_____

About You: Are there any habits, medications, allergies, special diets or needs, etc. that we may need to know about?

_____

_____

_____

Children's Ministries Team
Association of the Church of God of So. California / So. Nevada
425 Sierra Madre Villa Ave., Pasadena, CA 91107 phone (877) 360-5025