

# 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 26-28, 2026**

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

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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?

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