

Personal Information

Name _____ Phone() _____

Address _____

City _____ State _____ Zip _____

Age _____ Date Of Birth _____ Grade _____

Parent's Name _____

Is there anything we should know about your physical condition? _____

If yes, Please specify _____

Do you: Drink Alcohol? _____ Smoke? _____

Spiritual Information

Date you were saved and began a relationship with God: _____

What church are you a member of? _____

How long have you attended this church? _____

Pastor's Name _____ Phone () _____

Are you committed to a regular time of reading God's Word? _____

Are you committed to a regular time of prayer? _____

Briefly write your personal testimony of how you came to know God:

Experience

Have you ever counseled at Summer Camp before? _____

If so, when? _____ Please list all experiences working with children and teens including camp counseling. Include dates, places and a brief list of responsibilities.

List any spiritual leadership experiences you have had (i.e. Bible Study leader, discipleship, teaching, preaching, etc...)

List your strengths and abilities (i.e. athletics, drama, music, art, teaching)

Please explain why you would like to be a counselor at Radical Reality's Summer Camp:

Remember to have your pastor or youth pastor send us the reference form if you have never counseled at our camp. We will need to receive the completed form before we can accept you as a counselor. Please have your pastor mail the reference form directly to our office, as the information is confidential. Please mail to:

Radical Reality

Phone: (209) 474-1055 / Fax: (209) 474-0913

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