

COUNSELOR APPLICATION

KY Church of God Ministries Board of Christian Education

GENERAL INFORMATION

Name _____ Date _____
Address _____ Home Phone _____
City, St, Zip _____ Cell Phone _____
Email _____ Birthdate _____
Occupation _____ Employer _____

Work Status Full time Part time Student
Marital Status Married Single Divorced

Education

High school _____ City, State _____
Year Graduated _____
College/trade school _____ City, State _____
Year Graduated _____ Degree _____ Major _____
Other education _____ City, State _____
Year Graduated _____ Degree _____ Major _____

PERSONAL AND SPIRITUAL HISTORY

1. Write a brief testimony about how you became a Christian (include date). _____

2. Write briefly about significant events in your life that have impacted you spiritually. _____

3. How do you describe your spiritual journey now? _____

4. What accountability do you currently have in your spiritual journey? _____

5. Are there any special issues or concerns happening in your life right now that would have an impact in your commitment and involvement in the ministry you are applying for (e.g. relationships, other commitment, etc.)? _____

LEGAL AND LIFESTYLE CONCERNS

In caring for children and youth, we believe it is our responsibility to seek an adult staff that is able to provide healthy, safe, and nurturing relationships. Please answer the following questions accordingly. Any special concerns can be discussed individually with the Board of Christian Education.

1. Do you drink alcohol? Yes No

What is your view on drinking alcohol? _____

2. Have you ever been arrested for and/or convicted of a crime? Yes No

If yes, please describe: _____

3. Have you ever gone through treatment for alcohol or drug abuse? Yes No

If yes, please explain: _____

4. Are you willing to be checked for State Criminal Conviction Clearing? Yes No

If no, please explain: _____

MINISTRY

Church _____ City _____

1. How long have you attended your church? _____

2. List the date and activities of other ministry experiences here at your local church and the reasons for ending that ministry.

Date Started	Ministry/Activity	Date Ended	Reason

3. Describe any other ministry / church experience you have been involved with. _____

4. What spiritual gifts do you feel you have, and how would you like to use them in this ministry? _____

5. Why do you want to be involved in this ministry? _____

6. What are some of your expectations concerning this ministry? _____

REFERENCES

List two adults who have known you for at least one year, who are not related to you, and who have a definite knowledge of your character and ability to work in this ministry.

1. A staff member, leadership team member, small group or ministry leader from your church:

Name _____ Relationship _____
Occupation _____ Length of time known _____
Address _____ Home phone _____
City, St, Zip _____ Cell phone _____
Email _____ Work phone _____

2. Friend or neighbor:

Name _____ Relationship _____
Occupation _____ Length of time known _____
Address _____ Home phone _____
City, St, Zip _____ Cell phone _____
Email _____ Work phone _____

Have you Served in a previous capacity at a KY Church of God Camp?

Which Camp? _____ Director _____ Year _____
Which Camp? _____ Director _____ Year _____
Which Camp? _____ Director _____ Year _____

Which Camp are you applying to work? (Indicate all that are applicable)

- KIDZ Camp Retreat Weekend (2-3 Grades)
- SR Camp (9-12 Grades)
- JR Camp (7-8 grades)
- Middler Camp (4-5-6- Grades)

The information contained in this application is correct to the best of my knowledge. I, undersigned, give my authorization to Kentucky Church of God Ministries or its representatives to release any and all records or information relating to working with minors. Kentucky Church of God Ministries may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability.

I understand that the personal information in this application will be held confidential by Kentucky Church of God Ministries and the Board of Christian Education.

Signature _____ Date _____

Please fill out all areas, answering all questions and mail to KY Ministries at the address below, including the Release of Records form.

Kentucky Church of God Ministries
3101 Summit Square Place #175, Lexington, KY 40509
859.335.9264 fax 859-264-7013