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## JUNIOR COUNSELOR APPLICATION

Please fill out comple	etely using additional	l paper if neces	sary.
Put your name at the	top of each page.		
Print clearly with pen	Please attach photo here		
Name:			
Address:			
City:		Zip:	
Gender:	Phone: () _		
Age: Grade:	Birth Date:	Email:	
Parent's Names:			
Education - Number of Grade	of years completed Point Average		ol: College: ol: College:
EMPLOYMENT -			
Employer	Type of W	ork	Duration Employed
Camp Experience -			
Were you a camper o	r staff member? :		
Camp Name:			
Dates:			
JC Name:			Page 1

Give names of 3 persons ability. Include one relat			
Name:			
Relationship:			
Phone:			
CHRISTIAN BACKGROU	JND -		
How long have you been	a Christian?		
What does it mean to you	u when you say yo	ou are a Christian?	
If someone came to you you say?	and asked, "How	do I become a Chr	istian?" what would
JC Name:			Page 2

Page 2

Tell us about your daily walk with the Lord, that is, your devotional habits. (Not the ideal but reality.)
Prayer:
Bible Study:
Church:
Other Activities:
How has God led you to fill out this application, or why do you feel led to be a Junior Counselor at Julian Oaks Youth Ministry?
SKILLS -
List any skills you might have that would be useful at camp like music, puppets, life guard, CPR
Describe any ways you have previously served in a ministry
JC Name: Page 3

## CHURCH ACTIVITY -

Name of present Church:	
Pastor:	
Years you have been attending:	
Phone:	
Affiliation or Denomination:	
ATTITUDES -	
Do you consider some races to be superior to others? Explain:	
How have you worked (or how would you work) with people races, or religions?	of other cultures,
Are you willing to work cooperatively with other Christians wh same viewpoint of doctrine as you have, but who are truly believe	
Will you be willing to follow and to cooperate with the decisions direct your work?	s of those who will
JC Name:	Page 4

## PERSONAL INFORMATION -

Do you have any impairment which would interfere with your ability to perform at camp?
Are you aware that we have no salary positions available at Julian Oaks?
Is there any other personal information about you that we should know?
What contribution do you think you can make at camp?
How did you hear about Julian Oaks Youth Ministry?
Signature: Date:
JC Name: Page 5