

Health Information

Height: _____ Weight: _____

Do you have any disabilities? YES NO If so, what? _____

Special dietary needs? YES NO If so, what? _____

Glasses / Contacts: YES NO Seizures: YES NO

Back Trouble: YES NO Allergies: YES NO

Current Medications: _____
Please list the diagnosis for each medication

Other: _____

Have you ever taken medication for depression? YES NO

Have you ever had professional / pastoral counseling? YES NO

Physician's Contact Information: _____
Name *Phone*

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

What types of counseling experience have you had? _____

May we contact your previous supervisor for a reference? YES NO

Have you worked in any other camp ministry? YES NO

If so, what position? _____ Where? _____

Interest & Abilities

With what age group do you feel you work best? _____

In the areas listed below, place a mark by those in which you have some knowledge, experience, or gift. Also, please comment by each area you have checked.

X	Area of Experience	Specific Type
	Team Sports	
	Individual Sports	
	Mountaineering	
	Rifle Range	
	Arts & Crafts	
	Vocal Music	
	Instrumental Music	
	Tent Camping	
	Skits	
	First Aid / CPR	
	Other	

Personal Testimony

Why are you interested in counseling / working at Red Cliff this summer?

Rate your level of interest in coming to Red Cliff this summer.

How would your parents respond to you spending this coming summer at Red Cliff?

Describe your conversion to Christ. Please include how you know you are saved.

Please state your personal beliefs concerning the following:

1. Eternal Security
2. The Holy Spirit's ministry in the believer's life
3. Homosexuality
4. Bible Translations
5. Rock Music / Contemporary Christian Music (CCM)

References

1. Name: _____
Mailing Address: _____
City State Zip Code
Phone: _____
E-mail Address: _____

2. Name: _____
Mailing Address: _____
City State Zip Code
Phone: _____
E-mail Address: _____

3. Name: _____
Mailing Address: _____
City State Zip Code
Phone: _____
E-mail Address: _____

Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

* This application must be received by February 1, 2018.