For Office Use Only			
Received			
Interviewed			
Contacted			
Background ck			
☐ Training #1 ☐ Training #2			



Attach Photo

Sponsored by KidS³, Inc.

2500 Dallas Hwy, Ste 202, #480, Marietta, GA 30064

June 11-16 • 2017

COUNSELOR/STAFF APPLICATION

Instructions: *Please Print.* All information is held strictly confidential. This form must be completely filled out. The information is vital to your acceptance and possible placement as counselor/staff.

Date	Current Drivers License # (a photocopy of license must accompany application)	Sc	Social Security #	
		MF		
Last Name	First Name	Sex	// Birthdate	
Street		Age	Marital Status	
City	State		Zip	
Occupation	Name of Employer		Number of years	
() Home Phone	() Cell Phone	En	nail Address	
		(1	
Emergency Contact	Relationship	\ Ph	/ ione	
T-Shirt Size: ☐ Adult Sma	II □ Adult Medium □ Adult Large □ Adult	: X-Large □ Adu	ılt XX-Large	
Do you have certification in	the following?: CPR First Aid	Life Guard \Box	Nurse ☐ EMT	
Do you have previous train	ing or background in dealing with abused	, neglected or a	bandoned children?	
, DNo DVes In what way				

Yes, but I wou	use, neglect or abandonment as a uld prefer to discuss this in person					
Please describe why you wish to be a counselor for abused kids (use the back for space if necessary):						
MEDICAL HISTOF Do you have any medic	RY al conditions? □ NO □ YES, plea	se describe:				
Do you take any medica	ations? □ NO □ YES, please list	medicine, reason and any side effects:				
Have you had any serio	us illness or injuries in the last thre	ee years?				
Have you any physical l □ NO □ YES, p	•	you from performing any type of activity?				
RECORD OF EDU	CATION					
High School Name:	ool Name: Date of Graduation:					
College:	Major:	Date of Graduation:				
Other:	Major:	Date of Graduation:				
PERSONAL REFE	ERENCES (not former employer	rs or relatives)				
1 Name	Address	Dhana				
	Address	Phone				
2Name	Address	Phone				
3						
Name	Address	Phone				

PERSONAL PROFILE Have you committed your life to Jesus Christ? ☐ NO ☐ YES Where & When:_____ What church do you presently attend? How long? Yrs. Mos. Pastor's name: Church Phone #: Do you have any previous experience working with children? ☐ NO ☐ YES, please describe: Do you have any previous experience working with abused children? NO YES, please describe: Do you feel you could lead a 15-minute devotion with your campers with material we provide? ☐ YES ☐ NO Please circle all the words below which you believe accurately describe you: Timid Gentle Impatient Modest Nervous Loving Tactful Mature Sarcastic Patient Angry Deliberate Congenial Compassionate Stubborn Kind Studious Selfish Secure Considerate Abrasive Trustworthy Motivated Verbal Intelligent Relaxed Organized Impulsive Insecure List below, five strengths and five weaknesses you have in working with children (please be specific): Strengths Weaknesses 2._____ I would prefer my campers to be: ☐ 6-7 Yrs Old ☐ 8 Yrs Old ☐ 9 Yrs Old ☐ 10 Yrs Old ☐ 11-12 Yrs Old

Have you ever been arrested for a c	riminal offense?	□ NO	☐ YES
Have you ever been convicted of or	pled guilty to a crime?	□ NO	☐ YES
Have you ever been arrested for sex	rual misconduct?	□ NO	☐ YES
Have you ever been convicted of or	pled guilty to sexual misconduct?	□ NO	☐ YES
Have you ever taken drugs other that	n prescription drugs?	□ NO	☐ YES
Do you currently: use tobacco 🖵 t	NO 🛘 YES use alcohol 🗖 NO 🎚	☐ YES use drugs □	□ NO □ YES
If you answered "YES" to any of the	above please explain. Use the reve	rse side if necessary.	
Applicant's Statement			
The information contained in this application or churches listed in this application regarding my character and fitness for this application for the Woodstock R employer reference, or any other perindividually from any and all liability from, my heirs, or family, on account of any right that I may have to inspect a by me in this application.	to give you any information (includin or children or youth work. In consid FKC, I hereby release any individual rson or organization, including record for damages of whatever kind or natu of compliance or any attempts to con	g opinions) that they peration of the receipt, church, youth organd custodians, both colure which may at any apply, with this authorize	may have and evaluation of ization, charity, llectively and time result to zation. I waive
I further state that I have carefully re release as my own free act. This is			
Please be advised that a criminal his state law.	story check will be requested from th	e state of Georgia as	authorized by
Print Name	Signature	Date	
Witness Name	Witness Signature	 Date	