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**Sponsored by KidS<sup>3</sup>, Inc.**  
 2500 Dallas Highway, Suite 202, #480, Marietta, Ga 30064  
 October 6-8 (Girls); October 20-22 (Boys) • 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 a counselor.

Date	Current Drivers License # <small>(a photocopy of license must accompany application)</small>	Social Security #
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Last Name	First Name	M _____ F _____	Sex	/ ____ / ____	Birthdate
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Street	Age	Marital Status
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City	State	Zip
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Occupation	Name of Employer	Number of years
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How long have you lived in Georgia? \_\_\_\_\_ Years and \_\_\_\_\_ Months      If you have lived in Georgia for less than one year, list your complete addresses for the last five years:

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(____) _____ Home Phone	(____) _____ Bus. Phone	_____ Email Address
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Emergency Contact	Relationship	(____) _____ Phone
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T-Shirt Size:    Adult Small    Adult Medium    Adult Large    Adult X-Large    Adult XX-Large

Do you have certification in the following?:    CPR    First Aid    Life Guard    Nurse    EMT

Do you have previous training or background in dealing with abused, neglected or abandoned children?

No    Yes In what way: \_\_\_\_\_

Were you a victim of abuse, neglect or abandonment as a minor?:  NO  YES

Yes, but I would prefer to discuss this in person.

Please Clarify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe why you wish to be a counselor for abused kids (use the back for space if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL HISTORY

Do you have any medical conditions?  NO  YES, please describe:

\_\_\_\_\_

Do you take any medications?  NO  YES, please list medicine, reason and any side effects:

\_\_\_\_\_

Have you had any serious illness or injuries in the last three years?  NO  Yes, please list:

\_\_\_\_\_

Have you any physical handicaps or conditions preventing you from performing any type of activity?

NO  YES, please list

\_\_\_\_\_

## RECORD OF EDUCATION

High School Name: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Other: \_\_\_\_\_ Major: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

## PERSONAL REFERENCES (not former employers or relatives)

1. \_\_\_\_\_  
Name Address Phone

2. \_\_\_\_\_  
Name 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     |
| Organized | Impulsive     | Intelligent | Insecure    | Relaxed   |            |

List below, five strengths and five weaknesses you have in working with children (please be specific)

**Strengths**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Weaknesses**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I would prefer my campers to be:  12 Yrs Old  13 Yrs Old  14 Yrs Old  15 Yrs Old  16 Yrs Old

- Have you ever been arrested for a criminal offense?  NO  YES  
Have you ever been convicted of or pleaded guilty to a crime?  NO  YES  
Have you ever been arrested for sexual misconduct?  NO  YES  
Have you ever been convicted of or pleaded guilty to sexual misconduct?  NO  YES  
Have you ever taken drugs other than prescription drugs?  NO  YES  
Do you currently: use tobacco  NO  YES use alcohol  NO  YES use drugs  NO  YES

If you answered "YES" to any of the above please explain. Use the reverse side if necessary.

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### Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application for the Xtreme Life camp, I hereby release any individual, church, youth organization, charity, employer reference, or any other person or organization, including record custodians, both collectively and individually from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Please be advised that a criminal history check will be requested from the state of Georgia as authorized by state law.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date