

**LANDMARK YOUTH CAMP  
McGAHEYSVILLE, VIRGINIA**

**WORKER/COUNSELOR APPLICATION**

NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ AGE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

**SPIRITUAL INFORMATION:**

HOW LONG HAVE YOU BEEN SAVED? \_\_\_\_\_

ARE YOU FILLED WITH THE HOLY GHOST? YES: \_\_\_ NO: \_\_\_

NAME OF CHURCH YOU ATTEND: \_\_\_\_\_

PASTOR'S NAME: \_\_\_\_\_

PASTOR'S CONTACT PHONE: \_\_\_\_\_

**STANDARD BELIEF'S:**

PLEASE ANSWER ALL QUESTION'S TRUTHFULLY.

DO YOU BELIVE IN THE FATHER, SON AND HOLY GHOST?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

DO YOU BELIVE IN THE EVEDIENCE OF SPEAKING IN TONGUES?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

DO YOU BELIEVE IN AN OUTWARD WORSHIP AND SHOUTING?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

**(Continued on Back)**

## GENERAL INFORMATION

IF GIVEN A CHOICE CHECK THREE CHOICES OF THE AGE GROUP YOU WOULD LIKE TO COUNSEL.

JUNIOR

SENIOR

8-9 \_\_\_\_\_

13 \_\_\_\_\_

17 & UP \_\_\_\_\_

10 \_\_\_\_\_

14 \_\_\_\_\_

11 \_\_\_\_\_

15 \_\_\_\_\_

12 \_\_\_\_\_

16 \_\_\_\_\_

KITCHEN STAFF: YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, PLEASE CHECK A SHIFT YOU ARE INTERESTED IN:

BREAKFAST: YES: \_\_\_\_\_ NO: \_\_\_\_\_

LUNCH/SUPPER: YES: \_\_\_\_\_ NO: \_\_\_\_\_

CONCESSION STAND: YES: \_\_\_\_\_ NO: \_\_\_\_\_

JANITOR: YES: \_\_\_\_\_ NO: \_\_\_\_\_

ACTIVITY COUNSELOR: YES: \_\_\_\_\_ NO: \_\_\_\_\_

(THIS IS A COUNSELOR THAT IS OUT IN THE AFTERNOON ACTIVITIES AS A COUCH OR ASSISTANT IN THE JUNIOR AND SENIOR GAMES AND SPORTS)

## EMERGENCY INFORMATION:

ARE YOU ALLERGIC TO ANY MEDICATION: YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, PLEASE LIST: \_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO WORKER/COUNSELOR: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_