

**Camp Copass
Counselor Screening Application**

Name _____ **Date** _____

Last First Middle

Address _____

Street or Mailing Address City State Zip Code

Phone _____ **Driver's License #** _____ **S.S.#** _____

Date of Birth _____ **Place of Birth** _____

Email address _____

1. List all cities and states in which you have lived and any denominations or churches of which you have been a member, including addresses, and all previous church service, volunteer or paid, you have provided since you were 17 years of age. Include approximate dates. Attach a separate page if necessary.

City	State	Church	Address	Service

2. List all your previous non-church work; volunteer or paid. Include approximate dates, the organization's name and address, what type of work you performed, and name of supervisor and phone number, if known. Attach a separate page if necessary.

Dates	Organizations	Type of Work	Supervisor's Name	Phone

me in this application.

Should my application be accepted, I agree to be bound by the Bylaws and Policies of Camp Copass, and to refrain from unscriptural conduct in the performance of my services on behalf of the camp.

I understand that Camp Copass desires to protect those who use their facilities and therefore give my permission for the Camp Administrator to conduct a criminal background check on me.

I further state that I have carefully read the foregoing release and know the contents thereof; and sign this release as my own free act.

Applicant's Name

Date