



PO Box 70, 7169 Sierra Pines Road, Twin Bridges, CA 95735, info@sierrapines.org, fax 530-659-7790

Camp Counselor Application
Fill out this application and turn it in to Sierra Pines

1. Full Legal Name: _____
2. Address: _____ City: _____ State: _____ Zip: _____
3. Social Security Number: _____ - _____ - _____ Date of Birth ____/____/____
4. Driver's License Number: _____ State: _____ Expires: _____
5. Primary Phone Contact: (____) _____ Email address: _____
6. Current Church (include city): _____
Pastor: _____ Church Phone: _____
7. Camp(s) at which you would like to serve :
Name of camp group _____ Date of camp _____
8. Areas you would be willing to assist: (music, crafts, kitchen, canoeing, group games, etc.)

9. Identify any previous camp experience or ministry with children/youth:

10. Briefly explain your Christian faith and relationship with Jesus Christ:

11. Have you ever been convicted of any crime against children or other persons?

No Yes, explain: _____

I authorize the investigation of all statements herein, including a complete background check by law enforcement agencies, and release the camp and all others from liability in connection with the same. I understand that untrue, misleading or omitted information herein may result in dismissal, regardless of the time of discovery.

12. Signature: _____ Date: _____

References:

Please list three personal (not related) references having knowledge of your character, experience, and ability. One reference should be your pastor, youth pastor or a church leader.

a. Name _____ Relationship _____ Phone _____

b. Name _____ Relationship _____ Phone _____

c. Name _____ Relationship _____ Phone _____

*****Please ask a pastor, youth pastor, or official church leader to provide a reference form.**

 **SIERRA PINES... The Beautiful Tahoe Retreat**

Carlo Walth Executive Director carlo@sierrapines.org 530-659-7111

Reference for Camp Counselors at Sierra Pines

Applicant's Name: _____

Please fill out this form (feel free to use additional space on back or separate page) and mail to:

Confidential Counselor Reference
Carlo Walth, Sierra Pines Camp
P.O. Box 70, Twin Bridges, CA 95735

Or email to carlo@sierrapines.org

- a. How long have you known this person? Years _____ Months _____
- b. In what relationship have you known this person? _____
- c. Briefly describe their relationship with Christ? _____

- d. What positive experience does this person have working with children/students/campers? _____

- e. How well do they take suggestions and direction? _____

- f. Would you entrust your own child to be under the leadership of this person? _____
- g. Has this person ever been accused or charged with child abuse or any other crime? No ___ Yes ___
(If yes, please explain on back)
- h. What else is important for us to know about this person? Any concerns? _____

Reference Completed by:

Name: _____ Date: _____

Relationship: _____ Phone: _____

Thank you. Please feel free to contact Carlo Walth if you want to discuss this reference further.

 **SIERRA PINES...** The Beautiful Tahoe Retreat

Carlo Walth Executive Director carlo@sierrapines.org 530-659-7111