

ASBURY BIBLE CAMP COUNSELOR APPLICATION

NAME

First

Last

ADDRESS

Street Address

Street Address Line 2

City

State

Zip Code

PHONE NUMBERS

Home

Cell

E-MAIL

POSITION APPLYING FOR

☐

Senior Counselor

☐

Junior Counselor

Please pick one

AGE ON JUNE 14TH 2025

**Briefly describe when
you became a Christian.**

**Briefly describe what God has
been doing in your life
recently.**

**Why do you want to be a part
of Asbury Bible Camp
Ministry?**

**What local church do you
attend?**

How long have you attended?

Please describe any special training or experiences you have had working with children.

Mark any training or hobbies you may have.

☐

First Aid

☐

Crafts

☐

Guitar

☐

Drama

☐

Leading Singing

☐

CPR

☐

Piano or Keyboard

☐

Painting

☐

Baking/Cooking

☐

Telling Stories

☐

Photography

☐

Life Guard

☐

Archery

☐

Other

REFERENCES:

Please list two contacts. One should be a church leader (Pastor, Bible Study Leader, Campus Minister etc. One can be a relative or personal friend.

REFERENCE # 1

NAME

First

Last

EMAIL

PHONE NUMBER

Home

Cell

RELATIONSHIP TO YOU

REFERENCE # 2

NAME

First

Last

EMAIL

PHONE NUMBER

Home

Cell

RELATIONSHIP TO YOU
