

CAMP MANITOUMI WEEKLY COUNSELOR FORM

948 County Road 1800N – Lowpoint, IL 61545

Phone: 309-367-4651 Fax: 309-367-4922 e-mail: manitoumi@mtco.com

The information below is needed to help the camp provide a safe environment for the young people that attend camp. The information will be kept confidential and only shared if needed in ministry or as required by law.

**I prefer to work with: Juniors (Gr. 3-6) Jr. Week #1 _____ Junior High _____
 Junior High (Gr. 7-8) Jr. Week #2 _____ Senior High _____
 Senior High (Gr. 9-12)**

(Miss Mrs. Mr. Rev.) Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ e-mail: _____ Birth date: _____

Married ____ Single ____ Divorced ____

PROVIDE THREE CHARACTER REFERENCES - ONE SHOULD BE YOUR PASTOR

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYER

ADDRESS OF EMPLOYER

Church you attend: _____ Address: _____

City: _____ State: _____ ZIP: _____

Pastor's Name: _____ Church Phone: _____

Are you a member of this church: _____ how often do you attend? _____

Ministries and talents you are involved in. _____

Give a brief testimony of how you came to Christ and your baptsm by immersion. _____

Please turn over

Do You?

Use tobacco ____ Use Alcoholic Beverages ____ Attend Movie Theaters ____ Attend Dances ____
Use nonprescription Drugs ____ View/read Pornographic Material ____ Believe in abstinence before marriage ____

Have you ever been convicted of a felony? _____

Have you ever been accused, charged, or alleged to have committed any act of neglect, abuse, or molestation of any child?
_____ if yes explain: _____

Do you have any physical or mental impairments or spiritual weakness that might limit or resist your ability to serve as a counselor? _____

Do we have your permission to do a background check: _____ Yes _____ No

I HAVE READ AND MY BELIEFS AGREE WITH THE DOCTRINAL STATEMENT OF CAMP MANITOUMI

SIGNED: _____

“I Consider counseling a ministry unto the Lord and will cooperate with the Dean of the week and abide by ALL camp guidelines. Should at any time I find that I cannot in good conscience work with Dean or within the camp guidelines I will immediately talk with the Dean and Camp Director and, if unable to resolve the problem, I WILL IMMEDIATELY RESIGN AS A COUNSELOR.”

SIGNED: _____

*Please return this form to:
Camp Manitoumi
948 County Road 1800N
Lowpoint, IL 61545*

The space below is for camp staff:

1. _____

2. _____

3. _____
