## CAMP MANITOUMI WEEKLY COUNSELOR FORM

948 County Road 1800N – Lowpoint, IL 61545

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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:	Beginner (Gr. 1 & 2) Juniors (Gr. 3-5) Junior High (Gr. 6-9) Senior High (Gr. 10-12)			or High or High	
(Miss Mrs. Mr. Rev.) Last Name:		First Name:		Middle:	
Address:		City:	State:	_ZIP:	
Phone:	e-mail:	Birth date:			
Married Single I	Divorced				
Church you attend:		Address:			
City:	State:	ZIP:			
Pastor's Name:	C	hurch Phone:			
Are you a member of this ch	nurch: how often do	you attend?		<del></del>	
Ministries and talents you ar	re involved in.				
	nolic Beverages Attend Mo View/read Pornographic M			arriage	
Have you ever been convict	ed of a felony?				
Have you ever been accused if yes explain:	l, charged, or alleged to have co	mmitted any act of neglect,	abuse, or molesta	ation of any child?	
counselor?	r mental impairments or spiritua				
	n to do a background check:	Yes No			

Please turn over