

Kentucky Christian Assembly, Inc.

PO Box 71, 544 Grassy Branch Road
Brodhead, KY 40409-0071
(606) 758-8811

Junior Counselor Application

Name _____

Address _____

Home phone _____ Cell phone _____

E-mail address _____

Birthday _____ Social Security # if over 18 _____
(A background check is required if over 18)

School Attending _____ Grade _____

Previous experience with youth? (VBS, camps, 4-H) _____

Home Church _____

Extracurricular Activities _____

Hobbies and interests _____

Special Training _____

Are you a Christian? _____

Have you shared your faith with someone else? _____

What would you like to do most to help with camp? _____

What age group are you most qualified for: Day Camp, 1st Chance, Elementary
Middle, High school? _____

Have you experienced any of the following?

Asthma ___ yes ___ no

Need a special diet ___ yes ___ no

Hypertension ___ yes ___ no

Convulsions ___ yes ___ no

Epilepsy ___ yes ___ no

Bronchitis ___ yes ___ no

Physical Disabilities ___ yes ___ no

Other recurring illnesses _____

Any allergic reactions? _____

Any medication needed? _____
(Medication must be checked in for secure storage and dispensed as needed.)

In case of emergency who does KCA contact?

2nd contact _____

Please list 3 references and a phone # or e-mail address. (No parents!)

1. _____

2. _____

3. _____

Dress Code

All staff should dress modestly in clean clothes that are appropriate while working with youth. Shirts and shorts should cover conservatively, bathing suits also (1 piece for girls). In all that we do, we seek to show Christ to others, clothing should reflect this also.

Staff Commitment

I verify that this information is accurate to the best of my knowledge. I understand the risks of being a camp counselor and am willing to commit myself fully to the work of the Lord while I am at camp. I will conduct myself in a Godly way and cooperate with adult leaders, other Junior Counselors, campers and parents.

Signed _____ Date _____

IN CASE OF MEDICAL EMERGENCY, I hereby give permission for KCA and the trained medical staff selected by them to hospitalize and/or secure proper medical treatment, including, but not limited to, injections, x-rays or surgery for the child named above. I understand attempts will be made to reach me before such actions are taken, but I wish KCA to take the actions they deem necessary in the best interest of my child.

Name _____ Date _____

Dr's. Name and phone _____

Insurance Company and # _____

Assigned to _____