



COUNSELOR INFORMATION SHEET

CAMP _____ DATE OF CAMP _____

NAME _____ SEX _____ AGE _____

EMAIL _____

ADDRESS _____

CITY _____ ST _____ ZIP _____ PHONE (____) _____ Home/Cell
(circle one)

CHURCH COUNSELING FOR _____

YOUTH PASTOR _____

CHURCH YOU ATTEND (if different) _____

1. Describe your involvement in your local church and/or any experience with the age group you will be counseling: _____

2. Have you ever counseled at Emmanuel Heights Camp and Retreat Center before? Yes No
If yes, at what camp(s) and when? _____

3. Would you like to receive email updates about what is happening at Emmanuel Heights? Yes No

A CHECK BELOW INDICATES YOUR AGREEMENT AND SUPPORT IN THE EVENT YOU COUNSEL AT EMMANUEL HEIGHTS.

- _____ I agree that I am responsible for supervising my campers at all times while at camp.
- _____ I agree to participate in all camp activities, keeping in mind the specific objectives of these activities for the campers.
- _____ I agree to use discernment in discussions with campers or staff that could lead to divisions on such subjects as denominational differences, baptism, or charismatic (tongues) movements.
- _____ I agree to be alert to the health needs of the campers and to be accident-conscious at all times. I realize it is my personal responsibility to see that my camper's health and safety are maintained while at camp.
- _____ I agree to inspect the cabin I am assigned to and report any damages/needs to the Emmanuel Heights Staff. I understand that my church will be held financially responsible for any damages incurred during the camp/conference time.
- _____ I agree to partner with the staff and ministry of Emmanuel Heights in order to produce a spirit of unity.
- _____ I have read and agree with the Emmanuel Heights Statement of Faith.

DATE _____ COUNSELOR SIGNATURE _____

(This copy must be turned in by the church to the camp registrar at check-in)