

**COUNSELOR APPLICATION FORM**  
**Christian Church (Disciples of Christ) in Tennessee**  
**7980 Coley Davis Rd., Ste. 102, Nashville TN 37221**  
**615/646-3705 – Fax 615-646-3707 [ccdctn@bellsouth.net](mailto:ccdctn@bellsouth.net)**

PLEASE INDICATE IF YOU ARE **UNDER** 18 YEARS OF AGE \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ CELL/WORK # \_\_\_\_\_  
EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ SS# \_\_\_\_\_

I am interested in counseling the following camps or retreats – please list in order of preference.

(Just a reminder – current 10<sup>th</sup> graders are eligible to counsel Firsters and Discovery Camp. Current 11<sup>th</sup> graders may counsel Firsters, Discovery or) (Junior and current 12<sup>th</sup> graders may counsel Firsters, Discovery, Junior or Chi Rho Camp)

____ Firsters	____ Chi Rho	____ Hope Camp
____ Discovery	____ CYF	
____ Junior	____ 8ers	

Have you ever been to Bethany Hills? \_\_\_\_\_  
As a Camper \_\_\_\_\_ Number of Years \_\_\_\_\_  
As a Counselor \_\_\_\_\_ Number of Years \_\_\_\_\_

Have you ever counseled anywhere else? \_\_\_\_\_ Number of Years \_\_\_\_\_

Where?(Camp, City, ST) \_\_\_\_\_

Where is your church membership? \_\_\_\_\_

What activities do you participate in at church? \_\_\_\_\_

Why do you want to be a counselor at Bethany Hills? \_\_\_\_\_

Do you have any special skills/interests that might be relevant to counseling camp? (i.e. Bible study, music, sports, crafts, hiking, etc.) \_\_\_\_\_

Are you trained in any of these: First Aid \_\_\_\_\_, CPR \_\_\_\_\_, Lifeguarding \_\_\_\_\_ If so please provide copy of your certificate.

Have you ever been disciplined for, charged with, or convicted of an act of sexual misconduct or child sexual abuse? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

**REFERENCES:** We require you to submit 2 references, one of which must be a minister. **Please ask your references to complete the reference form and submit it directly to the Regional Center for Ministry.**

**First Reference: \_\_\_\_\_ Minister's Reference Information**

Name: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Second Reference:**

Name: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**The Christian Church in Tennessee is required to conduct criminal background checks on all volunteers 18 years old and older at its Camp and Conference programs. Your signature indicates your understanding that such a check will be made and gives the Christian Church in Tennessee permission for such action.**

**Signature, Agreement and Medical release:** I desire to serve as a camp counselor for the Christian Church in Tennessee at Bethany Hills. As a counselor I covenant to participate in all scheduled activities in accordance with the approved program. I promise to cooperate with other counselors, directors and staff and to uphold all standards set forth by the Region and the Directors. With God's help, I will seek in every way to provide an experience on the highest Christian level for all who attend the camp which I serve. I will participate in all training opportunities planned for the event and at all times will conduct myself as the Christian example I am called to be. I understand that the Camp and Conference Directors will be allowed to review this application for staff planning purposes.

In case of emergency, I hereby give permission to the physician selected by the camp director to hospitalize, order injections, anesthesia or surgery for myself in order to secure necessary, proper medical care. I release the camp management and director in charge from all responsibilities in case of sickness or accident occurring during camp. I further understand that the camp management and director are not responsible for any medical expenses beyond the insurance policies coverage which is limited to illnesses and accidents which occur at camp and excludes preexisting conditions.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Background Screening Consent and Information Form**

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Applicant's Full Name(Printed): \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. The United Church of Christ Insurance Board and Christian Church (Disciples of Christ) in Tennessee abides by all applicable state and federal employment laws.

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Former Address if less than 3 yrs at current address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please circle any of the following states in which you have lived: CA, CO, DE, LA, MA, SD, VT, WV, WY

I, \_\_\_\_\_, authorize Christian Church (Disciples of Christ) in TN and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my service with Christian Church in TN/Bethany Hills Camp, Kingston Springs. I release the United Church of Christ Insurance Board, and Christian Church in TN and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. All information provided is true & correct to the best of my knowledge

\_\_\_\_\_  
Signature of Applicant Date \_\_\_\_\_