

**Vacaville Christian Middle School
Counselor Application
(Retreat / Wash. DC Trip)**

If you are interested in serving as a Middle School Counselor for Retreat/Camp or for Washington DC, please fill out the application below and return it to the MS Office.

Counselors selected for overnight trips will need to be fingerprinted.

Thank you for your interest in serving in one or more of these capacities.

I desire to be a volunteer Parent Retreat Counselor Camp Nurse Camp Doctor
Washington DC Chaperone

Signature: _____ Date: _____

Personal Information (Please print)

Full Name: _____

MS Son / Daughter's Name: _____ Their grade: _____

Complete Address: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Marital Status

Single Engaged Married Separated Divorced Remarried Widow(er) Spouse's
Name: _____ Years Married: _____

Christian Background

Denominational Preference: _____

Name and address of your local church: _____

Your Pastor's Name: _____

Pastor's phone #: _____ Pastor's email: _____

Are you presently a member in good standing? Yes No Number of years: _____

In what church activities and / or serving activities are you involved? _____

How often do you attend church services? _____

To what degree of regularity are you involved in other church activities? _____

Describe your daily routine of personal Bible study and prayer: _____

How would you lead a student to Christ? _____

Personal References Please list three non-related persons.

Name	Relationship to you	Phone number
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Have you ever been convicted of a felony? Yes No

If yes, please explain _____

Are you now, or have you in the past engaged in or been accused of inappropriate conduct towards minors, or have you in the past or do you now have inclinations toward such conduct? Inappropriate conduct includes the following: homosexuality, verbal, physical, emotional, or sexual abuse as defined by Scripture and the State Law?

Yes No If yes, please explain _____

In Your Own Handwriting, on the back of this form or on a separate piece of paper, briefly give your Christian Testimony. **Please include how you came to know the Lord Jesus as your personal Savior** and when that was, what difference it has made in your life to have a personal relationship with Jesus Christ, and how you are growing in your walk with Christ.

Do you believe the Bible to be the ONLY inspired and infallible Word of God, our final authority in all matters of faith, conduct and truth? Yes No

Signature: _____ Date: _____

Statement of Faith

We believe in the inspiration of the Bible, equally in all parts and without error in its origin, the one God, eternally existent Father, Son, and Holy Spirit, Who created man by direct, immediate act; the pre-existence, incarnation, virgin birth, sinless life, miracles, substitutionary death, bodily resurrection, ascension to heaven, and the second coming of the Lord Jesus Christ; the fall of man; the need of regeneration by the operation of the Holy Spirit on the basis of grace alone; and the resurrection of all, to life or damnation; the spiritual relationship of all believers in the Lord Jesus Christ, living a life of righteous works, separate from the world, witnessing of His saving grace through the ministry of the Holy Spirit.

If your basic Christian convictions are the same, then please indicate this with your signature below. If you disagree with any point, please state your viewpoint on a separate piece of paper.

Signature: _____ Date: _____

All information in my application is accurate and complete.

Due to the nature of retreat and the Washington, D.C. trip, counselors are “on duty” for the duration of the trip. Counselors are not allowed to go on “side trips” and leave their group or consume alcohol for the duration of the event, as they may be needed to assist students.

Your signature below acknowledges your acceptance and compliance with the policies/rules stated above and in the Middle School handbook.

Signature: _____ Date: _____