## **CAMP COUNSELOR FORM**

## THE INFORMATION GIVEN AND RECEIVED FROM THE SUBMISION OF THIS FORM WILL BE CONFIDENTIAL

(Must be at least 21 years of age)

Please fill out this form and give to your Youth Leader.

Mail to:

Wade Elftman 1900 S. Locust St. Las Cruces, NM 88001

(This application must be filled out COMPLETELY and returned by July 1, 2024)

Name		Age	_ Phone #	//	
Address		City / State/	Zip		
Church Co	urrently Attending				
When did	you accept Jesus as you	ur personal Sav	vior?		
Are you cu	urrently a participating 1	member of a N	azarene Church?		
Are you wi	illing to be flexible and	to be used in a	ny capacity?		
List Two Sources of Pers	sonal References (not re	• '		·	
2				·	
	(Name / phone # /	relationship)			
*By signing this applicat It is also required that yo required by the District of Application, Sexual Abu will not be allowed to stawith this process, of \$43 Naz Safe forms; https://wrenewed every two years application.	ou fill out a district appli for you to be a counselor se Awareness Training by on the campground for that you or your church www.nmnaz.com/?subpa	ication and rele r and if you ha and Backgroun or the 2024 NY n needs to cove ages/nmsafe.sh	ease to get a backge ve not completed and by the time Tear Tear Camp. The cr. Go here to fill out the control of the control o	ground check. The District Councen Camp starts you nere is a cost assout the required durment that must	is is is iselor ou ciated listrict
Applicants Signature				Date	
Pastor or Youth Pastors Signature				_ Date	

\*\* It is also REQUIRED that you fill out and send in a "Bonita Park Medical Release Form"\*\*