



## Retreat

Sponsored by Our Father's Children

6250 N.E. Loop 820 Fort Worth, TX 76180 817-788-2360 fax 817-893-0057

# COUNSELOR/STAFF APPLICATION

This form must be completely filled out.

Date \_\_\_\_\_ Drivers License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex-M \_\_\_ F \_\_\_ Birthdate \_\_\_\_\_

Street \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

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

Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_ # of years \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Business Phone(\_\_\_\_\_) \_\_\_\_\_ e-mail address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**T-Shirt Size:**  Adult Medium  Adult Large  Adult X-Large  Adult XX-Large

**Do you have certification in the following?:**  CPR  First Aid  Life Guard  Nurse  EMT

**Please describe why you wish to be a counselor for abused kids (use the back for space if necessary):**

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### **MEDICAL HISTORY**

**Do you have any medical problems?**  NO  Yes, please describe:

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Do you take any medications?  NO  Yes, please list medicine, reason and any side effects:

Have you had any serious illness or injuries in the last three years?  NO  Yes, please list

Physical handicaps/conditions preventing you from performing any type of activity?  NO  Yes, please list:

**PERSONAL REFERENCES** (not former employers or relatives)

1. \_\_\_\_\_  
Name Address Phone

2. \_\_\_\_\_  
Name Address Phone

**PERSONAL PROFILE**

Do you have any previous experience working with **abused** children?  NO  Yes, please list:

Do you feel you could lead a 15 minute devotion with your teen?  YES  NO

Do you feel you could lead a Bible study with your teen?  YES  NO

I would prefer my teen to be:  16 Yrs Old  17 Yrs Old  18 Yrs Old

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by Our Father's Children, I hereby release any individual, church, youth organization, charity, employer reference, or any other person or organization, including record custodians, both collectively and individually from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Please be advised that a criminal history check will be requested form the state of Texas as authorized by state law if one has not been requested within the past year.

| Print Name

Signature

Date