



# CAMP MARENGO

Ohio Ministries

## Counselor Application Form 2019

Applications and references must be received by May 17, 2019

Applicant's Name: \_\_\_\_\_ Sex: Male Female Other

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

**T-Shirt Size** Small Medium Large X-large XXL

Circle one: -Adult Counselor (Over 18) -Senior Counselor (must be 16 years or older)  
-Junior Counselor (must be 14 years or older)

## Camp Marengo 2019 Summer Dates

Family Camp-----June 7-8, 2019  
Senior High Camp-----June 9-15, 2019  
Middle School Camp-----June 16-21, 2019  
Intermediate Camp-----June 23-28, 2019  
Specialty Camps-----June 23-28, 2019  
Elementary Camp Partial Week-----June 30-July 2, 2019  
Elementary Camp Full Week-----June 30-July 5, 2019

# Background Information

Have you at ANY time EVER:

1. Been arrested for any reason? Y or N

If yes, please explain:

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2. Been convicted of or pleaded no contest to any crime? Y or N

If yes, please explain:

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3. Engaged in or been accused of any child molestation, exploitation, or abuse? Y or N

If yes, please explain:

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4. Are you willing to submit to a background check? Y or N

High School Attended/ City: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College (If Applicable): \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Current Employer: \_\_\_\_\_

List the church(es) you have attended in the past five years.

Church: \_\_\_\_\_ City/St: \_\_\_\_\_

Church: \_\_\_\_\_ City/St: \_\_\_\_\_

Church: \_\_\_\_\_ City/St: \_\_\_\_\_

In what ways are you involved in your church?

Do you have any other counseling-related work experience? Y or N

If yes, please explain:

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Have you ever attended a camp? Y or N Where? \_\_\_\_\_ How Many Years? \_\_\_\_\_

Have you ever been a counselor? Y or N Where? \_\_\_\_\_ How Many Years? \_\_\_\_\_

Have you ever been on a camp staff? Y or N Where? \_\_\_\_\_ How Many Years? \_\_\_\_\_  
If yes, what position(s) did you hold?

\_\_\_\_\_

**References** A minimum of 2 references are required: 1 from your current pastor, 1 from another adult leader of your choice.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Please respond to the following to the best of your ability. Attach an additional page if necessary to fully answer the questions.

1. My testimony of my relationship with Christ:

2. Describe how you would help lead someone else to Christ.

*Recognizing there is a great need for Christians to share in the Church of God State Youth Camping Program at Camp Marengo, I am filling out this application to state my qualifications and express my desire to serve in this ministry. I will, to the best of my ability, prepare by knowing my responsibilities, complete any assignments given to me, and commit to pray for the purposes and needs of Camp Marengo. I will support the overall program by cooperating with camp staff and conforming to the recommendations and policies of the camp. I will also be a Christian example and witness through my daily life. My relationship with Christ is described and my signature signifies that every word on this application is true .*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send application to:**

Bethanne Martin Camp Marengo  
3480 Township Road 221  
P.O. Box 177 Marengo, Ohio 43334

*Counselor Applications AND all  
References must be received by May 17,  
2019 to be considered for this summer.*

*For office use only:*

*App received (Date): \_\_\_\_\_*

*References received (Date): \_\_\_\_\_*