





Daniell Baptist Association Youth Camp at Brewton-Parker College June 17-21, 2019

Name:	Age:	Sex:	_ T-Shirt Size	(adult sizes	s only):	
Address:						
(Street or P.O. Box) Phone: (day) (evening)		(City)	ell phone	(State)		
E-mail address:		_ Church	:			
If you are a staff member please list your posit	tion:					
Are you a Christian? If yes, have y	you follow	ed through	with that decis	sion in beli	ever's baj	otism?
Are you comfortable leading someone in the p	lan of salv	vation?	_ Have you ha	nd any with	ess traini	ng?
Have you ever had the opportunity to lead son	neone to C	Christ?				
Please explain why you would like to be a cour	nselor:					
Name of Insurance Company:						
Policy Number:	_ Name of	Policy Hol	der:			
List any medical conditions we may need to be	e aware of	:				
As a counselor you will assist in being responsible for wellbeing of campers. You will be expected to particip below.	pate in all so	cheduled activ	vities during camp	p. If you agr	ree to all of	the above, please sign
Counselors Signature:			Date:			
It is my pleasure to recommend protection plan as a counselor for the DBA Youth Cam				church, and	covered un	der the church's child
Pastor's Signature:			Date:			
When your application is received we will send you a important and we ask that you make every effort possi			se plan to attend a	all counselor	meetings.	These meetings are very
Return application by <u>Monday, May, 20, 2019</u> , to: Daniell Baptist Association P.O. Box 388 Ailey, GA 30410 Note: The Daniell Baptist Association covers al but the cost of meals for Counselors. Meals are not an option and we are required to pay for every registered person. The cost for counselors is: \$75.00 . Let us know if this is a problem.		Please be pr can use all o lifference in teenagers	for serving! aying that God f us to make a the lives of the that will be ng camp.		lf you h lease cal aura Hay	preciate you being lling to help! ave any questions l our Camp Director: : 912/253-0041 (cell) ay@bpc.edu)
Please make sure we have a curro DBA office.	ent Chil	d Protec	tion Policy	form or	n file fo	r you at the

Counselor meal cost of \$75.00 should be included when you turn in this form.