

**Lander Youth Lutheran Camp
Counselor Form**

Name _____ **Gender** M ___ F ___

Address _____ **Phone #** (_____) _____

City _____ **State** _____ **Zip Code** _____

Congregation _____

Pastor _____

I hereby wish to be involved at Lander Youth Camp as a counselor. I acknowledge that I am over 21 years of age. I understand that I will help supervise children under the age of 18.

Have you ever been accused or convicted of a sexual or other abuse crime? Yes () No ()

If you answered "Yes" to the above question, please explain the circumstances on the lines below.

Signature _____

Pastor's Signature _____

Date _____