

CHURCH GROUP COUNSELOR INFORMATION FORM

FAITH Missions Camp

June 28-July 2, 2026

This questionnaire must be completed by all individuals working with children or youth at FAITH Ministry sponsored camp.

TO BE COMPLETED BY THE INDIVIDUAL

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Experience working with children or youth: _____

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? yes no

If yes, please explain: _____

Do you have any communicable diseases? yes no

If yes, please explain: _____

Signature: _____ Date: _____

California churches require an AB506 Life Scan by their church. Other churches need a screening or background check for each of their workers.

TO BE COMPLETED BY THE CHURCH

_____ has been secured and is recommended for
(Name of Counselor)

this position by _____
(Name of Church)

(Pastor)

(Date)