

COUNSELOR/SUPERVISOR APPLICATION

THIS INFORMATION WILL BE TREATED CONFIDENTIALLY

We prefer that you personally submit this application at a Counselor training location

FOR OFFICE USE ONLY	
<u>COUNSELOR</u> <input type="checkbox"/> Adult <input type="checkbox"/> Children's <input type="checkbox"/> Special	<u>SUPERVISOR</u> <input type="checkbox"/> Echelon <input type="checkbox"/> Pairing

PLEASE **PRINT** LEGIBLY

YOUR INFO	Title (Circle one) Rev. Dr. Mr. Mrs. Ms.				Date	
	Name					
	Last		First (Name you prefer on your badge)		Middle Initial	
	Address			City	State	Zip
	Email					
	Age (Minimum age is 16 as of April 30, 2010)		Occupation/School		Home Phone	
	Place of Business			Position	Work Phone	
CHURCH INFO	Name of the Church you Regularly Attend					
	Are you a member? (Circle one)			YES	NO	If yes, how long?
	Address			City	State	Zip
	Pastor's Name				Phone	
	Does the pastor know you personally? (Circle one)			YES	NO	
ENDORSEMENT	Pastor's Recommendation (Signature) _____ <i>This individual is known to me, active in our church and is suitable to serve as a Counselor of youth that may attend Ignite Asheville 2010</i>					
	<i>If the pastor does <u>not</u> know you personally <u>or</u> is not available, please obtain a recommendation of a church leader who does know you.</i>					
	Church Leader's Recommendation (Signature) _____ <i>This individual is known to me, active in our church and is suitable to serve as a Counselor of youth that may attend Ignite Asheville 2010</i>					
	Name (PRINT)			Title/Position		
SPECIAL SKILLS	Do you have experience working with children 9 years of age and younger? (Circle one)					YES NO
	If yes , state your experience in children's work:					
	Do you have experience working with youth 10 years of age and older? (Circle one)					YES NO
	If yes , state your experience in youth work:					
	What previous training or experience have you had in evangelism, such as Bible school, seminary, missions trip(s), special training classes, i.e., Evangelism Explosion, etc that would qualify you as a Counselor Supervisor?					
What educational or professional training have you had in dealing with special needs, such as alcoholism, drug abuse, emotional problems, marital/family problems, etc that would qualify you as a Special Counselor?						

Briefly answer all of the questions below. Include Scriptural references as a part of the answer to each question:

1. What is our basic spiritual PROBLEM? Why do we need salvation?

2. What was God's REMEDY for our problem? What did Jesus Christ do for sinners?

3. How must we RESPOND? How does a person become a Christian—a child of God?

4. Briefly state HOW and WHEN you personally accepted Jesus Christ as your Lord and Savior.

I understand that by signing this application I am obligated to simply share the basic Gospel of Jesus Christ using the *My Commitment* folder and *Living in Christ* booklet with any individual who comes forward during the Mission. I am not to advocate a particular doctrine beyond Jesus Christ as Lord and Savior or proselytize for my particular denomination or church.



SIGNATURE

The information on this application is confidential and is for the purpose of acquainting the Counseling Committee more fully with each applicant. No badge will be issued to anyone who hasn't completed one of the classes, completed the application, obtained the pastor's signature (or alternate—see the Endorsement section on front) and signed the application. You are REQUIRED to have and wear a preprinted personalized badge, obtained through the Ignite office, in order to counsel.

Ignite Asheville 2010

Mailing Address: % Buncombe Baptist Resource Center, 227 Hazel Mill Rd, Asheville 28806
Phone: 828-252-1864 Fax: 828-252-1865

Do not mail or fax your application after April 23.
After that date, bring and submit it to **Counselor Solutions at the Civic Center**
before the Ignite services.