

Counselor Info

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Date of Birth: _____

Gender: Male Female

T-Shirt Size: S M L XL

Church Details

Church: _____

Address: _____

Phone: _____

Pastor: _____

The counselor director will contact potential counselors. She will contact you via telephone, email and/or letter with details regarding a counselor training session for all the CECYC 2009 counselors. Please send this form to Keo Chea-Young by June 15th. If you have further questions please contact Keo.

References

Have your Pastor or Youth Leader write a summary of your spiritual growth within your local church on a separate piece of paper and attach this with the form. (Note: Acceptance will be evaluated based on all the information received in reference to each counselor).

Reference's Name: _____

Reference's Relationship: _____

Address: _____

Phone: _____

E-Mail: _____

Pledge

I _____, hereby understand my one week involvement in the Cambodian East Coast Youth Conference counseling ministry will not be to my own best interest, but first and foremost to the praise of God and the interest of ministering and reaching out to youth (campers) with the gifts and abilities God has bestowed upon my life. I pledge to give myself to the Lord's service by being very responsible throughout the entire week at camp.

Applicant's Signature

Date



2009 Counselor Application Form

Counselor Director

Keo Chea-Young
4673 Adams Ave
Philadelphia, PA 19124
Email: keo258@yahoo.com
Phone: 267-973-7343

www.CECYC.com

