



Counselor Application 2026

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Birthday _____ Age _____ Gender M F

Church: _____

Check which week(s) you would like to serve

Pre-teen Week: August 2-8

Middle School Week: July 12-18

Would you consider serving as:

Recreation Director

Craft Director

Music Director

Lifeguard

Do you have any special activities we should consider incorporating: _____

Pastoral Recommendations: _____

Signature: _____

Date: _____

I have read, understood, and accept the counselor guidelines and responsibilities as set forth by the committee.

Signature: _____

Date: _____

Please mail to:

Before May 25:

Tiersa Lane
PO Box 1096
Conover, NC 28613

After May 25:

Tiersa Lane
PO Box 385
Linville, NC 28646