



Counselor Application 2026

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ 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:**

Teirsa Lane  
PO Box 1096  
Conover, NC 28613

**After May 25:**

Teirsa Lane  
PO Box 385  
Linville, NC 28646