

# SPONSOR / COUNSELOR INFORMATION FORM

FRBA - Missions Camp at Camp Tehama

July 30 –Aug 3, 2017

This questionnaire must be completed by all individuals working with children or youth at Feather River Baptist Association (Missions Network) 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: \_\_\_\_\_

---

## TO BE COMPLETED BY THE CHURCH

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

this position by \_\_\_\_\_ .  
(Name of Church)

\_\_\_\_\_  
(Pastor)

\_\_\_\_\_  
(Date)