

Counselor Registration Form

(1 per Counselor - Attach to Household Form)

Counselor Informati	on:	
Name: First	Middle	Last
Name tag Name	Birth Date	Gender
E-Mail Address		Phone #
T-Shirt Size	☐New to BWSC	☐ Exclude from Counselor Directory
Pastor reference letter: ☐ Attached ☐ Sending separately		o attendees in a room assignment together ndees by the information on this form.
Special Diet or Medical Needs		
Counselor Covenant	& Signature:	
As a BWSC counselor, I a	gree to abide by the following,	unless I am providentially hindered.
Be on time and present for all classes.		
nurse and/or the do		attendance. If not, to check with the l. If the search is futile, to report the
 Review BWSC rules in a Monday night meeting with my students and make myself available for any questions or counseling opportunities that may arise during the week. 		
 Make sure students are in their rooms by "Lights Out". 		
 If single, do not allo distract from my co 		r of the opposite sex and thereby
 Conduct myself in such a manner as not to hinder my witness or counselor duties. 		
 Sign up to chaperone during daily free time. 		
	violations – send student to cha students are inattentive or distra	
I have read and agree with the terms of this application and Counselor Covenant.		
Signature		Date Signed

We reserve the right not to accept an application based on applicant's past conduct at BWSC.