COUNSELOR/SUPERVISOR APPLICATION

THIS INFORMATION IS CONFIDENTIAL.

FOR OFFICE USE ONLY										
COUNSELOR	SUPERVISOR									
Adult	Echelon									
Children's	Pairing									
Special	Peripheral									
Language Deaf (DHH)	CBC Cleared									

This application should be personally submitted at FM419 or Adult CLWC locations.

		PLEA	SE P	PRINT	LEG	IBLY.									
	1.	Title (Circle one)	Rev	. С	Or.	Mr.	Mrs.	Ms.	Mis	S		Date			
<u> F</u> 0		Last First (Name you prefer on your badge) Middle Init										Middle Initial			
YOUR INFO	2.	Address					City				State	e ZIP			
	3.	Email										Home Phone			
	4.	Age Occupation/School										Cell Phone			
	5.	Place of Business						Position			Work Phone				
	6.	Church you regularly attend:													
CHURCH INFO		Are you a member? (Circle one)							YES NO			If yes, how long?			
- HJ		Address							City			State	State ZIP		
IUR		Pastor's Name					I				Phon	Phone			
ㅎ		Does the pastor kr	now y	ou pe	ersona	ally? (C	Circle one	, ,	YES	NO		ı			
E	7.	Pastor's Recommendation													
Ē		(Signature) This individual is known to me, active in our church, and suitable to serve as a counse													
SEN		OR If the pastor does <u>NOT</u> know you personally, please get the recommendate elder, or church leader who does known											th pastor,	small g	roup leader,
ENDORSEMENT		Church Leader's Recommendation (Signature)							This individual is known to me, active in our church, and suitable to serve as a counselor.						
		Name (PRINT):				Title/Position:									
FO	8.	I have attended the following classes: (CIRCLE each class you have attended)									Class	s 1	Clas	s 2	Class 3
SS INFO	9.	I have completed homework assignments for the for (CIRCLE each week's assignment completed)					ollowin	owing classes: Homewo Class 1			Home\ Clas		Homework Class 3		
CLA	10.	I have memorized all the assigned verses:								YES	NO	IF NO, I	now ma	any?	
ST	11.	Do you have experience working with children ages 9 and under? If yes, and you are interested in helping with children's counseling, state your experience and length of time:								YES	NO				
KIL	12.	What language(s) other than English do you speak fluently?													
SPECIAL SKILLS	13.	What previous training or experience have you had in evangelism, such as Bible school, seminary, mission, special training, e.g., Evangelism Explosion, etc.?													
SF	14.	What educational or professional training have you had in dealing with special needs, such as alcoholism, drug abuse, emotional problems, marital/family problems, etc.?													

Scripture references as part of the answer to each question: 15. What is our basic spiritual PROBLEM? Why do we need salvation? 16. What was God's REMEDY for our problem? What did Jesus Christ do for sinners? 17. How must we RESPOND? How does a person become a Christian—a child of God? 18. Briefly state HOW and WHEN you personally accepted Jesus Christ as your Lord and Savior. 19. I understand that by signing this application, I am obligated to simply share the basic Gospel of Jesus Christ using the "Living in Christ" booklet with any individual who comes forward. I am not to advocate a particular doctrine beyond Jesus Christ as Lord and Savior or proselytize for my particular denomination or church. SIGNATURE (REQUIRED) The information on this application is confidential and is for the purpose of acquainting the Counseling and Follow-up Committee more fully with each applicant. This application must be complete, including a pastor's signature and applicant's signature. You must have a personalized badge in order to counsel. The Billy Graham Evangelistic Association (BGEA) requires volunteers (ages 18 and over) to complete a background check as part of the application process. An e-mail will be sent to you with instructions. By providing your contact information, you will also be signing up to learn more about the global ministries of BGEA.

Review "Steps to Peace With God" and then briefly answer all of the questions below. Please include