

**GO TELL
AMERICA™**
WITH RICK GAGE
Counselor Application

Date Attended: _____

Session(s): Advisor Counselor Follow-up

All counselors must attend at least one Counselor Training Session.

Name: Rev. Mr. Mrs. Miss _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Church Name: _____ Senior Pastor: _____

Please answer the following questions:

1. Have you come to the place in your spiritual life where you know for certain if you died today you would go to Heaven? Yes No Hope so

2. If you were to die today and stand before God and He were to say to you, "Why should I let you into My Heaven?" what would you say? _____

3. How long have you been a Christian? _____

4. Do you regularly attend worship? Yes No
 Sunday AM Sunday PM Other

5. Do you attend Sunday School? Yes No
Are you a Sunday School Teacher? Yes No
Group you teach: _____

6. Indicate other church activities/positions in which you are now participating: Elder Deacon
 Choir Men's Ministry Outreach
 Missions Women's Ministry
 Other activities/positions: _____

7. **I AGREE** to abide by all the counseling guidelines established by GO TELL Crusades.
 Yes No Uncertain

8. **I WILL BE PRESENT** in the following services of the Crusade: **ALL** – Sunday through Wednesday
 Sunday Monday Tuesday Wednesday

9. **WHY** do you desire to counsel at this crusade?

Write a brief testimony describing your conversion experience: _____

If necessary, continue on back of page