GO TELL AMERICA™
OUTREACH EVENTS
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: _____
_____
_____
_____
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If necessary, continue on back of page