Date Attended: _____

Session(s): ☐ Advisor ☐ Counselor ☐ Follow-up

All counselors must attend at least one Counselor Training Session.

Counselor Application

Name: ☐Rev.☐Mr.☐Mrs.☐Miss _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ E-mail _____

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 ☐ Women's Ministry

   ☐ Missions ☐ Outreach ☐Other activities and 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? _____

   _____

   _____

   _____

10. Write a brief testimony describing your conversion experience: _____

_____

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