



Please tear out and make copies as needed.
Use a separate form for each child.
Additional copies may be printed off our website at gulllake.org.

Gull Lake Ministries Youth Profile

Summer 2017 - For grades 1 through High School

Please staple a small recent photograph
HERE
Please write on the back of the photo:
• Name
• Week #
• Grade next Fall
This profile will be disposed of after your vacation.

Week # _____ Name _____ Nickname _____
First Last

Attending with Parent(s) Other (please list rate holder) _____

Female Male **Birth Date** ___ / ___ / _____ **Age** (at camp) ____ **Grade** (Fall 2017) _____

Youth's Email _____ Parent's Email _____

Father's Name _____ Phone # _____
First Last

Mother's Name _____ Phone # _____
First Last

Custodial Parent's Address: _____

While at Gull Lake Ministries, your child will be in a group with several other guests of similar age and gender. They will be supervised by a well-trained counselor who has been selected for his or her maturity, integrity, sensitivity, and spiritual commitment to Jesus Christ. It is our desire to help your child develop spiritually, physically, and socially while at GLM. Your cooperation in completing this form will help your child's counselor prepare to provide the needed encouragement and opportunities to make this camping experience as meaningful and productive as possible. If there are areas of concern that you feel are too sensitive or confidential to disclose, you may speak personally with the counselor when you bring your child to camp.

- | Yes | No | |
|--------------------------|--------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Will your child have a birthday while at GLM? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child been to GLM before? Where? _____ When? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are both parents living? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the child living with parents? If not, with whom? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does child attend church? Religious preference: _____ |

- | | | |
|------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Comfortable in large groups | <input type="checkbox"/> Reserved | <input type="checkbox"/> Responds well to authority |
| <input type="checkbox"/> Prefers small groups | <input type="checkbox"/> Makes friends easily | <input type="checkbox"/> Needs firm boundaries |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Hesitant when meeting new people | <input type="checkbox"/> Adapts well to new situations |
| <input type="checkbox"/> Follower | <input type="checkbox"/> Active | <input type="checkbox"/> Uncomfortable with new challenges |

What are your child's greatest interests? _____

What groups is your child active in? (Church, school, etc.) _____

Does your child have a personal relationship with Jesus Christ? _____

What do you most desire that your child get out of camp? _____

In what ways do you feel we can best help your child in the area of spiritual growth? _____

Are there any specific limitations or conditions we should know about in order to better understand and help your child? _____

Any other comments? _____

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