



MESSIAH TEXAS

Counselor Application

Name: _____

Birthday: _____

Sex: _____

Cell Phone: _____

Email: _____

Are you on (check all that apply):

Facebook

Twitter

Instagram

Skype

Testimony of coming to faith in Messiah: _____

Testimony of coming to Torah: _____

Why do you want to be a Counselor : _____

What is your favorite (or one of) verse(s): _____

Why: _____

What are the three biggest strengths you possess that will make you a good Counselor :

1 _____

2 _____

3 _____

What would be the two main weaknesses in you being a Counselor :

1 _____

2 _____

3 _____

List 3 references we may contact (2 must be non relative)

| Name | Relationship | Phone | Email |
|-------------|---------------------|--------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Thank you for your time and consideration. Please print this off, complete it and send a picture or scan to :

messiahtexas@gmail.com

You will be notified of our decision. Shalom and Blessings!