

2010 TEPEE BIBLE CAMP MEDICAL STAFF APPLICATION

Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Social Security # _____

Please list the names and phone numbers of two (2) people to notify in case of an emergency:

Name _____ phone # _____
Name _____ phone # _____

CHECK THE DAYS YOU WILL BE ABLE TO HELP

Summer Camps 2010
____ 5th-7th June 20-25 ____ Sun. ____ Mon. ____ Tu. ____ Wed. ____ Th. ____ Fri.
____ 8th-10th grade- June 26-July 2 ____ Sun. ____ Mon ____ Tu. ____ Wed ____ Th ____ Fri.
____ 2nd-4th grade July 6-9 Tues. 5 p.m. to Friday 8 p.m.

Personal recommendation: Please list the names of three people who have known you for at least 1 year. If at all possible, include letters from these people. We must have their phone numbers, so we can contact them if you did not include letters from them.

Name: _____ Phone () _____
Address: _____
City: _____ State _____ Zip _____
Position in the community: _____
How long have they known you? _____ year(s)

Name: _____ Phone () _____
Address: _____
City: _____ State _____ Zip _____
Position in the community: _____
How long have they known you? _____ year(s)

Name: _____ Phone () _____
Address: _____
City: _____ State _____ Zip _____
Position in the community: _____
How long have they known you? _____ year(s)

Church you are currently attending (if any) _____
Pastor's Name _____ phone # _____

Work History

