

TEPEE BIBLE CAMP STAFF APPLICATION 2010

NAME _____ DATE _____
ADDRESS _____
CITY _____ ST _____ PHONE() _____
BIRTHDATE _____ SOCIAL SECURITY # _____

PLEASE LIST THE NAMES AND PHONE NUMBERS OF TWO PEOPLE TO NOTIFY IN CASE OF AN EMERGENCY:

NAME _____ PHONE() _____
NAME _____ PHONE() _____

CHECK THE WEEKS YOU WILL BE ABLE TO HELP

Spring Teen Retreats:

_____ 7-10th grade Guy's Retreat ~ April 23-25 _____ 6-8th grade Girl's Retreat ~ April 30-May 2

Summer Camps

_____ Counselor, staff training: - June 16-19 (required for staff under age 18)

_____ Adult staff training – June 18 (6 p.m.) to June 19 (6 p.m.)

_____ Camp #1 grades 5-7 ~ June 20-25

_____ Camp #2 grades 8-10 ~ June 27-July 2

_____ Camp #3 grades 2-4 ~ July 6-9

Fall Teen Retreat:

_____ 9-12th grade Girl's Retreat ~ September 24-26

PLEASE CHECK THE POSITION(S) IN WHICH YOU WOULD BE WILLING TO HELP.

- | | | |
|--|---------------------|-----------------------|
| _____ CHIEF | _____ COOK | _____ CRAFTS DIRECTOR |
| _____ MISSIONARY | _____ KITCHEN HELP | _____ CRAFTS HELPER |
| _____ ASSISTANT COOK | _____ BIBLE TEACHER | _____ WORSHIP LEADER |
| _____ ARCHERY INSTRUCTOR | | |
| _____ ADULT COUNSELOR (AGE 18 OR OLDER) - WE NEED 6 GUYS AND 6 GALS FOR EACH CAMP | | |
| _____ JR. COUNSELOR (AGE 15 1/2 OR OLDER) - WE NEED 6 GUYS AND 6 GALS FOR EACH CAMP | | |
| _____ JR. STAFF (AGE 14-17) – Help with kitchen, trading post, crafts, games, hike, painting, lawn work. | | |

Please list the names of three people (one should be your pastor, the other two should be people in your community who have known you for at least 1(one) year i.e. teacher, coach, school counselor, business leader, employer etc. who would recommend you for the volunteer position you have checked above. **THIS IS A REQUIREMENT BY THE STATE OF COLORADO. INCOMPLETE APPLICATIONS WILL BE RETURNED SO THEY CAN BE FILLED OUT COMPLETELY.**

Recommendation references:

NAME: _____ PHONE() _____

ADDRESS: _____

CITY: _____ ST _____ ZIP _____

POSITION IN THE COMMUNITY _____

HOW LONG HAVE THEY KNOWN YOU? _____ YEARS.

Recommendation references continued:

NAME: _____ PHONE() _____

ADDRESS: _____

CITY: _____ ST _____ ZIP _____

POSITION IN THE COMMUNITY _____

HOW LONG HAVE THEY KNOWN YOU? _____ YEARS

NAME: _____ PHONE() _____

ADDRESS: _____

CITY: _____ ST _____ ZIP _____

POSITION IN THE COMMUNITY _____

HOW LONG HAVE THEY KNOWN YOU? _____ YEARS

CHURCH YOU ARE CURRENTLY ATTENDING: _____

ADDRESS _____ CITY _____ ST. _____

PASTOR _____ PHONE () _____

WORK AND OR VOLUNTEER HISTORY

Please list any work or volunteer positions you have served in that have dealt with children, along with the dates of those positions. Use an extra sheet of paper if needed.

FELONY CRIME STATEMENT:

I VERIFY THAT I HAVE NEVER BEEN CONVICTED OF A FELONY, INCLUDING CHILD ABUSE.

DATE _____

SIGNATURE OF APPLICANT

PERJURY STATEMENT

“Any applicant who knowingly or willfully makes a false statement of any material fact or thing in this application is guilty of perjury in the second degree as defined in Section 18-8-503. C.R.S., and upon conviction thereof, shall be punished accordingly.” I VERIFY THAT ALL INFORMATION IN MY STAFF APPLICATION AND STAFF MEDICAL FORM IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE.

(SIGNATURE OF APPLICANT)

(WITNESS)

(DATE)

NOTE: ALL APPLICANTS AGE 18 OR OLDER VOLUNTEERING FOR 14 DAYS OR MORE WILL NEED TO BE FINGERPRINTED AT LEAST 1 MONTH IN ADVANCE OF THE CAMPS THEY WILL BE WORKING.

ON THE REMAINING LINES PLEASE: (1) GIVE THE STORY OF HOW YOU CAME TO CHRIST (WHEN AND HOW YOU WERE SAVED) AND (2) TELL WHY YOU WOULD LIKE TO WORK AT TEPEE BIBLE CAMP THIS YEAR, USE AN EXTRA SHEET OF PAPER IF NEEDED.

1. _____

2. _____

THE CAMP RESERVES THE RIGHT TO DENY ANY VOLUNTEER POSITION TO ANY PERSON IT FEELS WOULD BE DETRIMENTAL TO THE CAMP AND ITS PURPOSE.

PLEASE FILL OUT THIS APPLICATION AND THE STAFF MEDICAL FORM AND MAIL IT TO:

TEPEE BILE CAMP
ATTN. MARIE STOVER
7802 COUNTY RD. 319
RIFLE, CO 81650