

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