

TEPEE BIBLE CAMP MEDICAL STAFF APPLICATION 2012

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 2012

6 day camps run 3 p.m. Sun to 7 p.m. Fri.

____ Middle School (5th-7thgrades) June 24-29 Sun. ____ Mon. ____ Tu. ____ Wed. ____ Th. ____ Fri
____ Mid-High (8th-10thgrades) July 8-13 Sun. ____ Mon. ____ Tu. ____ Wed. ____ Th. ____ Fri

3 day camps run 3 p.m. Tue. to 7 p.m. Fri.

____ Elementary #1 (grades 2-4) July 17-20 Tu. ____ Wed. ____ Th. ____ Fri.
____ Elementary #2 (grades 2-4) July 24-27 Tu. ____ Wed. ____ Th. ____ Fri.

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 # _____

