

2013 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 2013

_____ 5th-7th June 23-28 _____ Sun. _____ Mon. _____ Tu. _____ Wed. _____ Th. _____ Fri.
_____ 2nd-4th grade July 9-12 Tues. 3 p.m. to Fri. 7 p.m. _____ Tu-Wed. _____ Th _____ Fri.
_____ 8th -10th grade- July 14-19 _____ Sun. _____ Mon _____ 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 # _____

Work History

Work and/or Volunteer History

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

I verify that all information on this form and my staff health form is true and correct, to the best of my knowledge.

Date _____

Attn. Marie Stover
7802 County Rd. 319
Rifle, CO 81650