## 2013 TEPEE BIBLE CAMP MEDICAL STAFF APPLICATION

Name	Date
Address	
City	StateZip
CityS	Social Security #
Please list the names and phone numbers of two (2) Name	phone #
Name	phone #
CHECK THE DAYS YOU V	WILL BE ABLE TO HELP
Summer Ca 5 <sup>th</sup> -7 <sup>th</sup> June 23-28SunMonTu 2 <sup>nd</sup> -4 <sup>th</sup> grade July 9-12 Tues. 3 p.m. to Fri. 7 p 8 <sup>th</sup> -10 <sup>th</sup> grade- July 14-19SunMo	uWedThFri. p.m. Tu-Wed. Th Fri.
Personal recommendation: Please list the names of year. If at all possible, include letters from these per can contact them if you did not include letters from the second contact them.	ople. We must have their phone numbers, so we
Name:	
Address:City:	State Zip
Position in the community:	
How long have they known you?year(s)	
Name:	Phone ( )
Address:City:	StateZip
Position in the community:	
How long have they known you?year(s)	
Name:Address:	
City:	State 7in
Position in the community:year(s)	
Church you are currently attending (if any)Pastor's Name	phone #

Work History

purposes.	
Work and/or Volunteer History	
perjury in the second degree as defined	y makes a false statement of any material fact or thing in this application is guilty of d in Section 18-8-503 C.R.S. and upon conviction thereof, shall be punished
accordingly." I verify that all information on this	s form and my staff health form is true and correct, to the best of my
knowledge.	, ,
Signature of Applicant	Signature of Witness
	Date

Below, please list any work or volunteer positions you have served in that have dealt with medical care. If possible include the year you held those postions. Please bring your current license or certification with you to camp so we may make a copy and keep it in the office for State Inspection

Note: All applicants age 18 or older volunteering for 14 days or longer will need to be fingerprinted at least 1 month in advance of the camps they will be working. The camp takes care of the cost of this.

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, the medical staff job description, the staff medical form and the Statement of Faith and mail them to: Tepee Bible Camp
Attn. Marie Stover

7802 County Rd. 319 Rifle, CO 81650