

**2014 TEPEE BIBLE CAMP MEDICAL STAFF APPLICATION**  
**ATTENTION: The following additional forms must be completed with this form:**  
**Staff Medical Form, Statement of Faith, Job Description for Medical Personnel**

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**

We prefer that all medical staff stay the entire week but understand that some volunteers will be unable to do so.  
To that end we have provided 24 hour shifts for those who can only help one or two days at a time.

Summer Camps 2014

\_\_\_\_\_ 2nd-4th grade -June 17-20 Tues. 5 p.m. to Friday 8 p.m.  
\_\_\_\_\_ 5th-7th grade - June 22-27 \_\_Sun.\_\_Mon.\_\_Tu.\_\_Wed.\_\_Th.\_\_Fri. Sun 2 p.m.-Fri. 7 p.m.  
\_\_\_\_\_ 8th -10th grade- July 13-18 \_\_Sun. \_\_Mon\_\_Tu.\_\_Wed\_\_Th\_\_Fri. Sun 2 p.m.-Fri. 7 p.m.

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. If we already have letters on file for you dated within the past 3 years, this is not necessary.

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 # \_\_\_\_\_

**PLEASE NOTE: ALL STAFF MEMBERS ARE TO CONDUCT THEMSELVES IN A MANNER THAT GLORIFIES CHRIST AND GIVES OUR CAMPERS A GOOD MORAL MODEL TO EMMULATE. TO THAT END, THE CAMP PROHIBITS THE USE OF ANY TYPE OF TOBACCO PRODUCT, ALCOHOLIC BEVERAGES, OR RECREATIONAL DRUGS AND MARIJUANA ON THE CAMP GROUNDS. ANY STAFF MEMBER WHO DISREGARDS PROHIBITION WILL BE ASKED TO LEAVE IMMEDIATELY.**

#### Work History

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 positions. 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 purposes.

#### Work and/or Volunteer History

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#### 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 on this form and my staff health form is true and correct, to the best of my knowledge.

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Signature of Applicant

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Signature of Witness

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Date

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

**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 and sign this application, the staff medical form, the Statement of Faith, and Job Description for Medical Personnel and mail them to:**

**Tepee Bible Camp  
Attn. Marie Stover  
7802 County Rd. 319  
Rifle, CO 81650**