

2024 TEEPEE BIBLE CAMP MEDICAL STAFF APPLICATION

**ATTENTION: The following additional forms must be completed with this form:
Staff Health History Form, Statement of Faith, Job Description for Medical Personnel
All staff must submit to a background check every 5 years.**

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 # _____

Please choose the camp(s) you will be able to volunteer.

Summer Camps 2024

_____ Required Adult Training for First Time Volunteers 8 a.m. to 2 p.m. the first day of each camp
_____ Chippy (age 7-Grade 4) July 18-21 _____ Puma (Grades 5-8) June 11-14
_____ Eagle (Grades 9-12) 2 June 27-30

Personal recommendation: Please list the names of three people who have known you for at least 1 year. We must have their phone numbers, and, if possible, an email address so we can contact them.

Name: _____ Phone () _____
Address: _____
City: _____ State _____ Zip _____
E-MAIL ADDRESS: _____
Position in the community: _____
How long have they known you? _____ year(s)

Name: _____ Phone () _____
Address: _____
City: _____ State _____ Zip _____
E-MAIL ADDRESS: _____
Position in the community: _____
How long have they known you? _____ year(s)

Name: _____ Phone () _____
Address: _____
City: _____ State _____ Zip _____
E-MAIL ADDRESS: _____
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

Please list any work or volunteer positions in which you have served that have dealt with medical care over the past 5-10 years. Include the year you held those positions. Bring your current license or certifications with you to camp so we may make a copy for your file. **You must have a current CPR/First Aid Certification and Medicine Administration Certification (either Qmap or State issued Medicine Administration Certificate)**

Work and/or Volunteer History

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.

STAFF AFFIRMATION:

I, _____, affirm that I am committed to serving at Teepee Bible Camp on the dates checked above, in the capacity(ies) checked above. I will attend all required training and will conduct myself in a manner that glorifies Christ and exemplifies good moral conduct. I will abide by the Staff Beatitudes at all times.

* _____
Signature of Applicant Date

FELONY CRIME STATEMENT:

I VERIFY THAT I HAVE NEVER BEEN CONVICTED OF A FELONY INCLUDING CHILD ABUSE OR NEGLECT.

* _____
SIGNATURE OF APPLICANT DATE

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. I understand that my position at Teepee Bible camp is that of an unpaid volunteer.

* _____
Signature of Applicant Date Signature of Witness Date

See Final Statement and Instructions on page 3

TBC VOLUNTEER ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I hereby authorize Teepee Bible Camp, Inc. to obtain “consumer reports” and “investigative consumer reports” about me to determine whether I will be permitted to take part in certain volunteer opportunities. (a separate document will be sent to me either by the Camp Director or online from Ministry Safe)

Signature: _____ Date: _____

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, in the appropriate places, this application, Staff Health History Form, Statement of Faith, and Job Description for Medical Personnel and mail them to:

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