



TEMPORARY VOLUNTEER APPLICATION

501 McCAFFERY RD * BIGFORK * MT * 59911 * 406.837.4864 * WWW.BIGSKYBIBLECAMP.ORG

In the past, Big Sky has compensated for both Nurse, Cook and Asst. Cook positions. While this is still available, we ask that if it is at all possible, you donate your time to Big Sky. Arrangments may also be made for a free week of camp in exchange for your service to Big Sky

Name _____ Home Phone _____

Street Address _____

City _____ State _____ Zip _____ Birthdate _____

E-mail _____ Vocation _____

Name of Church you attend _____ Do you attend regularly? _____

Church Phone _____ Pastor's Name _____

Have you trusted Jesus Christ as your Savior from sin? _____ At what age? _____

In what area would you like to serve? Nurse Kitchen Head Cook Kitchen Asst. Cook Grounds/Maintenance Other

What dates are you available to serve?

Is Jesus Christ presently Lord and Master of your life? _____

Do you use alcoholic beverages, tobacco or drugs or have you used them in the past year? _____

Do you seek to please God in your relationships with the opposite sex? _____

Can you say before God that you are presently living in victory in the above areas, and that you desire always to do so? _____

Health Information

Medical Insurance Co _____ Policy # _____ Ins. Co. Phone # _____

Family Physician _____ Phone # _____

** In an emergency, notify:

1. Name _____ Relationship _____ Phone # _____

2. Name _____ Relationship _____ Phone # _____

Description of current health, medical conditions and/or activity restrictions camp medical personnel should be alerted to

Medications _____ Allergies _____

Last physical exam _____ Last tetanus booster _____

Please list any special limitations or disabilities that may affect physical labor

*This health history is correct as far as I know and I am able to engage in all activities of my program. In the event of an emergency, and I am unable to make decisions for myself, and my relatives cannot be reached, I hereby give permission for the camp director or team leader to secure proper and prudent medical treatment on my behalf.

*The undersigned, intending to be bound hereby, realizing it is the camp's desire to provide a safe environment, and realizing that each staff member is covered by a reputable insurance plan, releases BCM Int./Big Sky Bible Camp and all individuals associated therewith, from any and all liability for any injury or damage (including all claims and liability for damages resulting from injuries received from bee and hornet stings or any other insect bite), which may be sustained by the undersigned or property of the same at or in transit to or from any camp conducted activity under the auspices of BCM Int./Big Sky Bible Camp.

*The undersigned hereby grants BCM Int./Big Sky Bible Camp permission to use photographs/video of myself for the purpose of camp promotion and publicity.

Signed _____ Date _____

Applicant Signature (if applicant is under 18 years of age a parent/guardian signature is required)

Signed _____ Date _____

Parent/Guardian signature

CONSENT FOR CRIMINAL INVESTIGATIVE CHECK

As a prospective employee/volunteer of BCM INTERNATIONAL, INC and BIG SKY BIBLE CAMP, I understand that it is this organization's policy to secure criminal history information as part of its post-offer of employment process, using the information provided below. I further realize that an offer of employment cannot be finalized until reference information, including a post-offer criminal investigative check, has been satisfactorily completed.

Name _____
(Last) (First) (Middle)

Maiden name or names previously used _____

Address _____ City _____

State _____ ZIP _____ County _____

Birth Date _____ Race _____ Sex _____

Phone Number _____ Social Security Number _____

I understand that the above information is required by the search agency. I authorize BCM International, Inc., to utilize the above information for the sole purpose of obtaining a criminal history file search.

Signature _____ Date _____

If the applicant is under the age of 18 the criminal history file search must also have the consent of the prospective employee's/volunteer's parent or non parent legal guardian. If applicable, as the parent or legal guardian of the above named individual please authorize your consent for the criminal history file search with your printed name, relationship to applicant, signature and date listed below.

Printed Name _____ Parent or Non Parent Legal Guardian (Circle One)

Signature _____ Date _____