



LIT APPLICATION



To apply for the LIT Program, please complete this form and return it to Big Sky Bible Camp. Your application will be reviewed by our staff and you will be contacted regarding acceptance via email (usually within one week). Your confirmation email will include an LIT Commitment Card. Please complete this card and bring it with you to registration.

LIT INFORMATION

Would you like to be added to the Big Sky Bible Camp mailing list? No Yes, physical mail Yes, email

How did you hear about Big Sky? _____

LIT First Name: _____ LIT Last Name: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: ____/____/____ Grade (entering in the fall): _____ Parent/Guardian Name: _____

Church (if you have one): _____ School: _____

Camper email: _____ Parent email: _____

Parent Phone: _____ LIT Phone (if applicable): _____

EMERGENCY CONTACT INFORMATION

Please list two people *OTHER THAN THE PARENT* we can contact in the event that we are unable to get in touch with a parent.

Contact Name	Relationship to Camper	Phone Number

MEDICAL INFORMATION

Please mark the following illnesses which you have had or were vaccinated for.

AIDS _____ Diabetes _____ Hepatitis _____ Mumps _____ Tonsillitis _____

Appendicitis _____ Diphtheria _____ Hernia _____ Pneumonia _____ Tuberculosis _____

Asthma _____ Epilepsy _____ HIV Pos _____ Polio _____ Typhoid _____

Bronchitis _____ Fainting Spells _____ Measles, German Rubella _____ Rheumatic Fever _____ Whooping Cough _____

Chicken Pox _____ Heart Issues _____ Measles, Hard Rubeola _____ Scarlet Fever _____ Other _____

Date of last Tetanus booster: ____/____/____

Other Medical Information:

Allergies (including food allergies): _____

Operations or serious injuries (including dates): _____

You will be working both in the kitchen and outside. Please list any special limitations or disabilities that may affect physical labor?

Medications: Please list any medications that you will bring to camp.

Medication Name	Reason / Diagnosis	Instructions

Medical Contact:

Name of family doctor: _____ Phone Number: _____

Address: _____

PROGRAM SELECTION

How many weeks would you like to serve this summer? _____

Please mark the weeks that you are available to serve this summer:

June 16-21 (High School Week)

July 14-19 (Man Week)

June 25-29 (Camp Promise 1)

July 28-Aug2 (Jr. High Coed Week)

July 2-6 (Camp Promise 2)

Aug 4-9 (All Girls Jr. High Week)

July 7-12 (1st Junior Week)

Aug 11-16 (2nd Junior Week)

Note: You may be selected for up to 2 weeks, but please mark all weeks for which you are available and willing to serve.

REFERENCE INFORMATION

Personal Reference: Please provide the following information for an adult (non-relative) who knows you well and can be contacted regarding your application.

Name _____ Phone _____ Email _____

Pastoral Reference: Please provide the following information for a church leader/elder/pastor who knows you well and can be contacted regarding your application.

Name _____ Phone _____ Email _____

PERSONAL & DOCTRINAL QUESTIONNAIRE

Do you use alcoholic beverages, drugs or tobacco? _____ If so, Explain _____

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

Do you believe premarital and extra-marital sexual relationships are sinful? _____

Do you believe homosexuality is sinful? _____

Explain why you would like to serve as an L.I.T. this summer. _____

Explain Briefly, the importance of Jesus' life, death and resurrection. _____

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

Explain how you came to know the Lord. _____

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

How has Christ changed your life and what does He mean to you personally? _____

RELEASE FORM

****THIS PAGE MUST BE SIGNED FOR ACCEPTANCE****

- * I grant Big Sky Bible Camp permission to use camp photographs and or video of my child for camp promotion and publicity.
- * I give permission and consent for my child to be transported in a vehicle and/or boat with the understanding that the vehicle/vessel will be driven by a trained and qualified Big Sky Bible Camp staff member for the purpose of some camp activities.
- * The undersigned, intending to be bound hereby, realizing it is the camp's desire to give each camper a safe and beneficial stay, and realizing each camper is covered by a reputable insurance plan, releases forever 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 damage resulting from injuries received from bee or hornet stings and any other insect bites) which may be sustained by the undersigned and/or child of undersigned or property of the same at or in transit to or from any camp conducted activity or under the auspices of Big Sky Bible Camp.
- * I understand that Big Sky Bible Camp only carries secondary insurance for L.I.T. participants and that I will take primary responsibility for any charges occurring in the event that the camper named above should need any medical attention at any clinic, facility or hospital.
- * I hereby give permission for the release of pertinent medical information regarding my child to all appropriate Big Sky Bible Camp staff.
- * IN CASE OF EMERGENCY, I hereby give permission to the medical staff selected by the camp to hospitalize, secure proper treatment for and to order injection or surgery for my child as named above.
- *I understand that my child will not receive pay, but will work on a voluntary basis.

Signature of parent/guardian: _____ Date: _____

For Applicant: I understand that upon my acceptance, I agree to abide by the camp's policies. If I have questions, I will contact my appropriate supervisor at camp.

Signature of Applicant: _____ Date: _____

***Please mail application to: Big Sky Bible Camp, 501 McCaffery Rd. Bigfork, MT 59911
406-837-4864 * www.bigskybiblecamp.org***