



BIG SKY
BIBLE CAMP



Big Sky Bible Camp
501 McCaffery Road Bigfork, MT 59911
406-837-4864

Big Sky Bible Camp Previous Summer Staff Application

The 2020 camping season will run from June 14 - August 21

Name _____ Phone _____
Street Address _____
City _____ State _____ Zip _____ Birthdate _____
E-mail _____ Vocation _____
Name of Church you attend _____ Do you attend regularly? _____
Church Phone _____ Pastor's Name _____
Summer Position Interested in _____ T-shirt size _____

Have you ever been charged with child or sexual abuse?	Yes	No
Have you ever been convicted of a felony?	Yes	No
Do you use tobacco, alcohol, illegal drugs?	Yes	No

What has the Lord been teaching you and showing you since you were here last summer?

How will you take your experience from last summer and build on it (be specific)?

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

Original date: July 1, 1997

Revised: March 19, 2018

CONSENT FOR CRIMINAL INVESTIGATIVE CHECK

As a prospective employee/volunteer of BCM INTERNATIONAL, INC., 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 Code _____ County _____ Birth date _____ Sex _____

Phone Number _____ Social Security Number _____

Email Address _____

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 _____

BCM INTERNATIONAL
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