



**BIG SKY**  
BIBLE CAMP

# TEMPORARY VOLUNTEER APPLICATION

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

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***

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., 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 \_\_\_\_\_ Race \_\_\_\_\_ 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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