

**STATEMENT OF FAITH (continued)**

Please state the reason for your disagreement here:

**SUMMER COMMITMENT**

Please check all dates you will be able to serve this summer.

\_\_\_ May 30-June 10 Orientation      \_\_\_ June 11-16 Jamboree 1      \_\_\_ June 18-23 Day Camp

\_\_\_ June 25-30 Jamboree 2      \_\_\_ July 2-7 Junior Week      \_\_\_ July 9-14 Teen Week

\_\_\_ July 15-22 Rental Week

\_\_\_ July 22-28 Rental Week

\*Additional weeks to serve available-  
LAST DAY: JULY 28 AFTER 9AM

Please read and initial beside each statement:

\_\_\_ I am willing to serve wherever I am assigned and I am willing to perform all assigned tasks , regardless of how insignificant they seem, to the best of my ability.

\_\_\_ I am willing to actively and enthusiastically support all of the programmed activities, including but not limited to team games and competition, skits, morning exercises, etc.

\_\_\_ If accepted for a position, I will follow all rules and regulations of the camp, as listed in the staff manual. I understand that failure to abide by the rules may result in my immediate dismissal.

\_\_\_ I am willing to submit to those in authority over me, including my peers that may be placed in authority over me.

\_\_\_ I agree to submit to a drug test if needed.

\_\_\_ I commit to work the entire summer, with the exception of approved time away at the discretion of the Camp Director.

**For applicants under 18 years of age--**Please read the following before signing—

The health information and history is correct as far as I know and the above applicant has my permission to engage in all prescribed camp/staff activities. If I cannot be reached in an emergency, I hereby give permission to Camp Bethel to secure proper medical treatment. I have read the application, I agree to the background check if needed.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

By signing my name below, I am affirming that the information contained in this application is accurate to the best of my knowledge. I also understand that (1) any false information given will result in its cancellation and, if I am employed, may be cause for immediate dismissal; (2) employment is subject to satisfactory reference and employment checks and verification of employment. I hereby give Camp Bethel Ministries staff permission to verify all information in this application by contacting any person or organization to obtain information concerning me. I release and agree not to hold harmless from liability any person or organization (whether listed in application or not) who provides information or reference about me to Camp Bethel Ministries or its employees or agents. I also hereby release and agree to hold harmless Camp Bethel Ministries and its Directors, officers, and employees with respect to the obtaining of such information about me. I waive any and all rights I might have to inspect the reference provided on my behalf. If hired, I understand that I will be working under supervision of the Camp Bethel Staff and I am subject to the rules and regulations of the camp. I promise to obey all of the Camp Bethel rules, day and night, and I understand that I will be sent home if I fail to do so.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



**Summer Volunteer Application**

**\*\*Please Attach Recent Photo of Yourself To Application\*\***

Mail to: Camp Bethel  
PO Box 390  
Wise, VA 24293

Fax: 276-328-6877  
Email: info@campbethel.com  
Phone: 276-328-6876  
1-800-359-4049

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: (circle one) M F

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Circle grade completed by June: High School 9 10 11 12 College 1 2 3 4 Post Grad 1 2

**MEDICAL INFORMATION**

INSURANCE COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF POLICY HOLDER: \_\_\_\_\_ POLICY #: \_\_\_\_\_

GROUP #: \_\_\_\_\_ PHONE: \_\_\_\_\_

**\*\*As a volunteer, you will be responsible for your own insurance coverage**

IN CASE OF EMERGENCY, PLEASE NOTIFY: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

Please list any current medications: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please list HEALTH RELATED dietary needs: \_\_\_\_\_

List any serious illnesses/ injuries/ surgeries you've had in the last 2 years: \_\_\_\_\_

Do you have any medical/ physical restrictions that would limit your performance in the job  Yes  No  
for which you have applied? If yes, please specify: \_\_\_\_\_

