

2017 Bible Camp

Middle School/High School Student Volunteer

For Students Entering Grades 6 to 12 for the 2017-18 School Year

Student Name: _____ **Age:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____ **Grade 2017-18:** _____

Emergency Contact: _____ **Relation:** _____

Emergency Contact Number(s): _____

Health Concerns or Allergies: _____

Interest: Please check off all you are interested in:

- Designing and Decorating "*Rome 60 A. D.*": Sun, July 16th
- Arts and Crafts
- Games/Activates
- Camp Counselor
- Other: _____

Availability (please check all that apply): Sunday July 16th – Friday July 21st

Sun. Mon. Tues. Wed. Thurs. Fri.

You may volunteer for the entire week or a couple of nights.

Photo Release: I give permission for my child to be photographed by church staff. I understand photos may be posted on the church's website, Facebook page, or in local newspaper.

Yes _____ or No _____ I do not want my child photographed.

Parent Signature: _____ **Date:** _____