

STAFF REGISTRATION

Name _____

Address _____

City _____

State _____ Zip _____

Birthdate (including month, day, year) _____

Male/Female (circle one)

Home Phone _____

Cell Phone _____

Email _____

Please fill out the following information:

I attend _____ church

I have accepted the Lord Jesus Christ as my savior
_____ (date or age)

I have had the opportunity to lead someone
to Christ. ___ Yes or ___ No

I would like some help on leading someone
to Christ. ___ Yes or ___ No

Which camp(s) will you be volunteering for?

Please list the camp name and position.

I have read and fully understand all aspects of the Riverside Bible Conference Staff manual and am willing to take suggestions and instructions from the camp leadership and will follow the established rules and policies of the camp.

For more information about serving and the available positions visit: riversidebiblecamp.org

STAFF HEALTH INFORMATION

Health History:

Asthma Y N Sleepwalking Y N

Medical Conditions: _____

Do you take daily medications? Y N

Allergic to:

Insect Stings Y N Penicillin Y N

Other Drugs: _____

Foods: _____

Are immunizations up to date? Y N

Date of last Tetanus Booster? Y N

Insurance Information:

Company _____

Policy # _____

Emergency Contact Person:

Name _____

Phone _____

Cell _____

Relationship to Staff: _____

Liability:

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for myself/my child as named on this card.

Signature _____

RIVERSIDE BIBLE CAMP

6355 County Road DD Amherst, WI 54406

STAFF BACKGROUND CHECK

If over 18, this section is required in order to serve on staff at Riverside Bible Camp. If you would prefer to fill out this form online, please visit:

ministryopportunities.org/opportunity/31546

Full Legal Name

First _____

Last _____

Any other names including a maiden name

Ethnicity _____

Social Security Number

I authorize Riverside Bible Conference to conduct a background check with Protect My Ministry checking by name and identifiers to determine the existence of any arrest resulting in conviction.

Date ____/____/____

Signature _____

OPTIONAL PAYMENTS

() Staff t-shirts are provided for your week of service; however, if you would like to purchase a STAFF t-shirt to take home with you, please include a payment of \$5.00.

\$ _____

() Additional funds for the Camp Store/Snack Shop enclosed:

\$ _____

NOTE: Make checks out to Riverside Bible Camp. In the comment, specify what the funds are for.