

Camp Elohim Returning Volunteer Application

Rocky Mountain Bible Mission (RMBM)

Reaching the Rocky Mountain West for Christ

ON THE WEB AT [HTTP://RMBIBLE.ORG/](http://RMBIBLE.ORG/)

USE THIS FORM ONLY IF YOU SERVED WITH THE RMBM LAST YEAR

Instructions:

- Please print clearly and please complete the entire form. This application includes the Medical Information and Release Form. Unless both are completed and received, we may not be able to process it in a timely manner.
- Sections 3, and 4, and the Medical Form *must be signed* when we receive the application.
- If you have questions about completing the form, please call the office at (406) 295-1115 or email us at wdedson@frontiernet.net.
- Please ensure you send us the entire application. Mail completed applications to:
Volunteer Program, Camp Elohim, PO Box 400, Troy, MT 59935.

Thank you for your interest in serving God through ministry with the Rocky Mountain Bible Mission!

Section 1. General Information

Date of Application:

Name:

Mailing Address (include city, state, & ZIP):

Email address:

Title: Mr. Miss Mrs.
 Pastor

Telephone:

Social Security Number:

Age:

Date of Birth: MM/DD/YYYY

Marital Status:

- Single Divorced
 Widowed Married

Section 2. Ministry Information

Ministry Interest: (PATHWALKERS VOLUNTEERS USE SEPARATE FORM FROM WEB SITE.)

- Camp Elohim Where most needed
 Camp Utmost Other (describe):

In what capacities would you like to serve?

For what dates and/or age groups are you desiring or available to work?

In what capacities would you rather *not* serve?

Section 3. Parental Approval (Complete for all minors)

For minors (everyone under the age of 18) a parent or legal guardian must sign here granting their permission for you to work with the Mission.

Printed name:

Signature:

Date:

Parents & Guardians: If needed, how may we best reach you during the day and in the evenings?

Section 4. Pastoral Approval

Applicant: Please check here if your pastor cannot be reached in a reasonable time. Provide the contact information below and we will call him.

Dear Pastor,

Please take just a moment to reflect on the applicant's desire and request to work with our Mission. We're looking for God's people to do His work. Is the applicant capable of meeting that expectation? Is the applicant committed to the Lord? Your signature constitutes your approval. Also, please consider a commitment to pray regularly for the applicant during the ministry period.

Printed name:

Signature:

Date:

Church Name & Address:

Telephone:

Office use only: Director Approval

Our office staff will process this portion of your application and notify you when approved. In order to facilitate an appropriately staffed and smoothly run ministry, all volunteers must have the ministry directors' final approval before you are invited to work.

Printed name:

Signature:

Position Assigned:

These releases must accompany registration. If registering online, forms must be brought to event check in.

Camp Elohim Medical Information and Liability Release Form

Your safety and health are very important to us. Since we must also meet certain requirements for insurance purposes, It is necessary to have this form completed and signed appropriately. Registration will not be accepted without the following.

Registrant's Name: _____ Email Address: _____

Mailing Address _____ City: _____

State: _____ Zip: _____ Telephone: _____

Social Security #: _____ Age: _____ Birth date and year: _____

List emergency contacts. For minors, please list both parents and someone outside of the household.

Name	Relationship	Day Phone	Evening Phone

Doctor's name or clinic: _____ Doctor's Phone: _____

List any medical or food allergies: _____

List any chronic illnesses: _____

List any physical limitations: _____ Date of last tetanus shot: _____

List all current medications: _____

Are you covered by medical insurance? Yes or No: _____

Name of Insurance Company: _____

Insurance Company Phone: _____ Policy #: _____

I am 18 or over, or I am a parent or legal guardian of (minor's name) _____, who is currently under the age of 18. I do hereby release Camp Elohim and Rocky Mountain Bible Mission from any and all liability or responsibility due to any injury that he/she/I may incur as the result of, or arising in any way from participation in activities at or under the direction of Camp Elohim. I am fully aware and consent to accept these risks and voluntarily agree to allow his/her participation in activities. If I cannot be consulted in an emergency, I hereby give permission to the physician selected by a representative of Camp Elohim to hospitalize, secure treatment for, and to order injections, anesthesia, and/or surgery for the person named above. I understand that Camp Elohim only carries secondary insurance and that I will take primary responsibility for any fees or charges at any clinic, facility, or hospital arising from treatment of injury or illness. For any applicant under the age of 18, a parent or legal guardian must sign.

*Signature(of registrant or Parent/Guardian if a minor) _____

Signers Printed Name: _____ Date _____

Photo/Video Release

Camp Elohim often takes photographs or video of participants during its activities or events. These photographs or videos may be used in publications, presentations, websites, or promotion of Camp Elohim or Rocky Mountain Bible Mission. We will not identify you or your child by name, or release any other personal information without additional permission.

I understand and hereby grant permission for such use without compensation. (If you do not grant permission do not sign photo release as well as please attach a current photo so you or your child may be identified for this exclusion.)

*Signature(of registrant or Parent/Guardian if a minor) _____

Signers Printed Name: _____ Date _____

**Camp Elohim is a ministry of Rocky Mountain Bible Mission
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