

# Camp Utmost

## 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) 532-1565 or email us at [rmbmoffice@rmbible.org](mailto:rmbmoffice@rmbible.org).
- Please ensure you send us the entire application. Mail completed applications to: **Volunteer Program, RMBM, 1515 Fairview Ave. Suite 200, Missoula, MT 59801**; or fax the completed forms to (406) 532-1541.

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 Utmost 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 Utmost 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 Utmost. 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 Utmost to hospitalize, secure treatment for, and to order injections, anesthesia, and/or surgery for the person named above. I understand that Camp Utmost 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 Utmost 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 Utmost 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 Utmost is a ministry of Rocky Mountain Bible Mission**  
1515 Fairview Avenue, Suite 200, Missoula, MT 59801 (406) 532-1565