



Big Sky Bible Camp Summer Work Crew Application

NAME _____ HOME PHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGE _____ GRADE YOU WILL ENTER THIS FALL _____

Name of Church you attend _____ Do you attend regularly? _____

Address of Church _____ Church Phone _____

Pastor's Name _____

List any Bible study or youth groups you attend _____

Have you trusted Jesus Christ as your Savior from sin? _____ At what age? _____

Share briefly your testimony of what happened _____

Is Jesus Christ presently Lord and Master of your life? _____

Do you use alcoholic beverages? _____ Do you use tobacco? _____

Do you use drugs? _____

Have you used alcohol, tobacco, or drugs in that past year? _____

Do you seek to please God in your relationships with the opposite sex? _____

Do you believe premarital and extra-marital sexual relationships are sinful? _____

Do you believe homosexuality is sinful? _____

Can you say before God that you are presently living in victory in the above areas, and that you desire always to do so? _____

Do you allow your walk with the Lord Jesus Christ to determine your entertainment? _____

LIST 2 REFERENCES

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PASTOR OR YOUTH PASTOR _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Explain why you would like to serve on Work Crew this summer. _____

You will be working both in the kitchen and outside. Please list any special limitations or disabilities that may affect physical labor? _____

Please check the weeks you would like to work:

_____ June 19-24 Junior _____ July 4-8 Camp Promise #1 _____ July 11-15 Camp Promise #2
_____ July 17-22 All Girls Jr. High (Girls Only) _____ July 24-29 Junior _____ July 31- August 5 Jr. High
_____ August 7-12 All Boys (Guys Only) _____ August 14-19 All Girls (Girls Only)

If you take special medication or are allergic to bee/insect stings, please bring meds along to camp.

IN CASE OF EMERGENCY, PLEASE CONTACT

NAME _____ PHONE _____

NAME OF FAMILY DOCTOR _____ PHONE _____

FOR PARENTS: I, _____, have read this application and give my son/daughter

(signature or parent/guardian)

permission to work at Big Sky bible Camp. I understand he/she will not receive pay, but will work on a voluntary basis.

FOR APPLICANT: I understand that upon my acceptance, I agree to abide by the camp's policies. If I have questions, I will contact my appropriate supervisor at camp.

SIGNATURE OF APPLICANT _____ DATE _____

**Please mail application to: Big Sky Bible Camp, 501 McCaffery Rd. , Bigfork, MT 59911
406-837-4864 www.bigskybiblecamp.com**