

GREEN VALLEY BIBLE CAMP

COUNSELOR OR VOLUNTEER INFORMATION SHEET – 2018 SESSIONS

Place an "X" by the session(s) you have interest in and/or are serving as a counselor or volunteer.

Overnight Camp (\$120 fee; campers age 11 by Oct. 1 of this year thru 2018 High School graduates)							
<input type="checkbox"/>	1	6/3 – 6/9	Todd Miller, Bentonville, AR	<input type="checkbox"/>	6	7/8 – 7/14	Marshall Brown, Bentonville, AR
<input type="checkbox"/>	2	6/10 – 6/16	Danny Boggs, Neosho, MO	<input type="checkbox"/>	7	7/15 – 7/21	Bill McFarland, Springfield, MO
<input type="checkbox"/>	3	6/17 – 6/23	Robb Hadley, Farmington, AR	<input type="checkbox"/>	8	7/22 – 7/28	Jon Hendrix, Harrison, AR & Bob Deffenbaugh, Cassville, MO
<input type="checkbox"/>	4	6/24 – 6/30	Jason Sparks, Watauga, TX	<input type="checkbox"/>	9	7/29 – 8/4	Scott Ware, Springdale, AR
<input type="checkbox"/>	5	7/1 – 7/7	Craig Frost, Clarksville, AR				

Day Camp (\$60 fee; campers who have completed first grade thru 11 years old)							
<input type="checkbox"/>	1	6/11 – 6/14	Dennis Coberley, Pineville, MO	<input type="checkbox"/>	3	7/16 – 7/19	Matt Wilson, Fayetteville, AR
<input type="checkbox"/>	2	7/2 – 7/5	Craig Frost, Clarksville, AR	<input type="checkbox"/>	4	7/30 – 8/2	Scott Ware, Springdale, AR

High School Retreat (\$40 fee; campers who attend high school)					
<input type="checkbox"/>	1	8/17 – 8/19	Andy Brazle, Rogers, AR		

PERSONAL INFORMATION:

First & Last Name: _____ Email: _____

Address: _____ Gender: _____ Male _____ Female

City: _____ State _____ Zip: _____ DOB: ____/____/____

Home Phone: (____) _____ Cell Phone: (____) _____ Emergency Phone: (____) _____

Medical Insurance Company: _____ Policy#: _____ Group#: _____ ID#: _____

Medical Requirements/ Comments/Allergies: _____

INFORMATION ON CONGREGATION YOU ATTEND:

Name of Congregation: _____ Website: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Church Phone: (____) _____ - _____ Youth Minister or other Contact: _____

Contact Email Address: _____ Contact Phone: (____) _____ - _____

Authorization for Medical Attention: Signature below authorizes Green Valley Bible Camp to see that the applicant is taken to a doctor or hospital for emergency treatment in the event of an accident or injury while volunteering at camp. It is also agreed that Green Valley Bible Camp, its Board of Directors, Trustees, Officers or attendants will not be held legally responsible for such accident or injury.

_____ **Date** _____ **Counselor or Volunteer Signature**