

Session Director: Keep this completed form. If you accept the counselor/volunteer, a background check must be completed prior to the start of your session for anyone who is 18 or over. Send their name and email address to scotty@flagstonecoc.org.

Counselor/Volunteer: Complete this form and submit to the Director(s) via hard copy or email. For email address go to www.greenvalleybiblecamp.com then click on the "Camp Directors" link under the "CAMP INFO/GIVE BACK" tab.

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

<p>OVERNIGHT CAMP (Sun – Sat) for campers age 11 thru H.S. graduates</p> <table border="0"> <tr><td><input type="checkbox"/></td><td>1 Benjamin Treme, Bentonville, AR</td></tr> <tr><td><input type="checkbox"/></td><td>2 Danny Boggs, Neosho, MO</td></tr> <tr><td><input type="checkbox"/></td><td>3 Robb Hadley, Farmington, AR</td></tr> <tr><td><input type="checkbox"/></td><td>4 Jason Sparks, Watauga, TX</td></tr> <tr><td><input type="checkbox"/></td><td>5 Craig Frost, Clarksville, AR</td></tr> <tr><td><input type="checkbox"/></td><td>6 Marshall Brown, Bentonville, AR</td></tr> <tr><td><input type="checkbox"/></td><td>7 Chris Brill, Mountain Home, AR</td></tr> <tr><td><input type="checkbox"/></td><td>8 Jon Hendrix, Harrison, AR & Bob Deffenbaugh, Cassville, MO</td></tr> <tr><td><input type="checkbox"/></td><td>9 Scott Ware, Springfield, AR</td></tr> </table>	<input type="checkbox"/>	1 Benjamin Treme, Bentonville, AR	<input type="checkbox"/>	2 Danny Boggs, Neosho, MO	<input type="checkbox"/>	3 Robb Hadley, Farmington, AR	<input type="checkbox"/>	4 Jason Sparks, Watauga, TX	<input type="checkbox"/>	5 Craig Frost, Clarksville, AR	<input type="checkbox"/>	6 Marshall Brown, Bentonville, AR	<input type="checkbox"/>	7 Chris Brill, Mountain Home, AR	<input type="checkbox"/>	8 Jon Hendrix, Harrison, AR & Bob Deffenbaugh, Cassville, MO	<input type="checkbox"/>	9 Scott Ware, Springfield, AR	<p>DAY CAMP (Mon - Thu) for campers who have completed 1st grade thru age 11</p> <table border="0"> <tr><td><input type="checkbox"/></td><td>1 Dennis Coberley, Pineville, MO</td></tr> <tr><td><input type="checkbox"/></td><td>2 Craig Frost, Clarksville, AR</td></tr> <tr><td><input type="checkbox"/></td><td>3 Scot Wiles, Farmington, AR</td></tr> <tr><td><input type="checkbox"/></td><td>4 Scott Ware, Springdale, AR</td></tr> </table>	<input type="checkbox"/>	1 Dennis Coberley, Pineville, MO	<input type="checkbox"/>	2 Craig Frost, Clarksville, AR	<input type="checkbox"/>	3 Scot Wiles, Farmington, AR	<input type="checkbox"/>	4 Scott Ware, Springdale, AR
<input type="checkbox"/>	1 Benjamin Treme, Bentonville, AR																										
<input type="checkbox"/>	2 Danny Boggs, Neosho, MO																										
<input type="checkbox"/>	3 Robb Hadley, Farmington, AR																										
<input type="checkbox"/>	4 Jason Sparks, Watauga, TX																										
<input type="checkbox"/>	5 Craig Frost, Clarksville, AR																										
<input type="checkbox"/>	6 Marshall Brown, Bentonville, AR																										
<input type="checkbox"/>	7 Chris Brill, Mountain Home, AR																										
<input type="checkbox"/>	8 Jon Hendrix, Harrison, AR & Bob Deffenbaugh, Cassville, MO																										
<input type="checkbox"/>	9 Scott Ware, Springfield, AR																										
<input type="checkbox"/>	1 Dennis Coberley, Pineville, MO																										
<input type="checkbox"/>	2 Craig Frost, Clarksville, AR																										
<input type="checkbox"/>	3 Scot Wiles, Farmington, AR																										
<input type="checkbox"/>	4 Scott Ware, Springdale, AR																										
	<p><input type="checkbox"/> HIGH SCHOOL RETREAT (Fri – Sun) for campers who attend high school Andy Brazle, Rogers, AR</p>																										

First & Last Name: _____ Email: _____

Address: _____ Gender: _____ Male _____ Female

City: _____ State: _____ Zip: _____ DOB: (mth/day/year) ____/____/____

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

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

Medical Info/Allergies: _____

Church you attend: _____ Church Website: _____

Church address: _____ City: _____ State: _____ Zip Code: _____

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

Church Contact Email Address: _____ Church Contact Phone: (_____) _____

Authorization for Medical Attention: Your signature below authorizes Green Valley Bible Camp to seek medical attention for emergency treatment in the event of an accident or injury and agrees to the head lice policy 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 / Volunteer Signature