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| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name: | | | | | |  | | | | | | | Last Name: | | | | | |  | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | |  | | | | | | | | | State: | |  | | | | | | | | Zip: | | |  | | | |
| Primary Phone: | | | | | | | |  | | | | | Email: | | | |  | | | | | | | | | | | |
| Occupation: | | | | | | | |  | | | | | | | | | | | | | | | Birth Date: | | | |  | |
| Current Church: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| **AREAS TO VOLUNTEER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Team Time Leader Girls: | | | | | | | | | 7:30 am – 5:00 pm | | | | | | | |  | | Kitchen Team: | | | | | | 10:45 am – 6:30 pm | | |
|  | Team Time Leader Boys: | | | | | | | | | 7:30 am – 5:00 pm | | | | | | | |  | | Nurse: | | | | | | 7:30 am – 5:00 pm | | |
|  | Water Crew: | | | | | | | | | 8:30 am – 4:00 pm | | | | | | | |  | | Check Point Crew: | | | | | | 7:30 am – 5:00 pm | | |
| \*Camp ends at noon on Friday | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **RELEVANT EXPERIENCE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list any previous experience you have had serving kids or students (Organization’s name/type of work) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \*If you need more space, please add additional sheets. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PERSONAL STORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Briefly describe your walk with Jesus and what He is and/or has done in your life. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \*If you need more space, please add additional sheets. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **REFERENCES (Not relatives)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PASTOR/MINISTRY LEADER | | | | | | | | | | | | | Name: | | |  | | | | | | | | | | | | |
| Phone: | | | |  | | | | | | | Email: | | | |  | | | | | | | | | | | | | |
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| COLLEAGUE /TEACHER/PROFESSOR | | | | | | | | | | | | | Name: | | |  | | | | | | | | | | | | |
| Phone: | | | |  | | | | | | | Email: | | | |  | | | | | | | | | | | | | |
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| **BACKGROUND CHECK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | PBC has my permission to run a background check according to their ministry guidelines if I am over the age of 18 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Print Name: | | | | | | |  | | | | | | | | | | | | | | Date: | | |  | | | | |