



Bible Soccer Camp Volunteer Application

① General Information

Last name _____ First name _____ M.I. _____

Address _____ City _____ State _____

Zip/Postal Code _____ Phone # _____ Date of Birth ____/____/____

School Grade Completed as of July 1 of this year _____ T-shirt size (free) _____

Church's Name _____ Are You a Professing Member? Yes / No

List any medical conditions requiring special care or medications: _____

② Personal Information

Why do you want to participate in the Bible Soccer Camp? _____

How do you think you can contribute to the success of the Bible Soccer Camp? _____

How do you hope to benefit from participating in the Bible Soccer Camp? _____

③ Recommendation & Approval

Pastor's Name _____ Recommendation and Approval _____

Elder's Name _____ Recommendation and Approval _____

④ Agreement

Participant:

I promise to be cooperative, respectful, and courteous to all persons involved in the Hispanic Bible Ministry, my fellow volunteers, and the participants in the activities we are helping with. I will contribute to the well-being of the Hispanic Bible Ministry and the success of the Bible Soccer Camp. I will participate in all scheduled activities, and I will abide by all decisions made by the Hispanic Bible Ministry and/or the host church.

Signed _____ Date _____

Parent(s):

I approve my son/daughter's participation in the Hispanic Bible Ministry's Soccer and Bible Camp. I have read the application form and agree to abide by all decisions made by the Hispanic Bible Ministry and/or the host church

Signed _____ Date _____

⑤ Application Deadline

Please complete and mail this application, along with the Consent to Treat form, by **Wednesday, June 3, 2009**.

Completed application and Consent to Treat form should be mailed to **P.O. Box 50050, Cicero, IL 60804**, or faxed to **(708) 429-5187**.

Office Use Only

Application received on: _____ Additional Notes: _____

Applicant: *Approved* *Not Approved* _____

Activity Assignment: _____