

BETHEL BIBLE CONFERENCE

PO Box 39 Wellfleet, Nebraska 69170
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Director - John C. Lewis, Phone 308-963-4321



RENEWAL APPLICATION

Date _____

Name _____ Phone # _____

Address _____ Town _____ State _____ Zip _____

M ___ F ___ Age _____ Birthdate _____ Social Security # _____ - _____ - _____

Has anything changed since your last application?

Doctrine? Yes ___ No ___

Arrest Record? Yes ___ No ___

Other _____

What are your personal habits of prayer & Bible study? _____

Have you ever led anyone to Christ? _____

Do you currently use: Tobacco? Yes ___ No ___ Alcoholic Beverages? Yes ___ No ___ Drugs? Yes ___ No ___

Do you consider that your life is an example that youth could and should follow? _____

Is there anything in your life that we should know about? _____ Use separate sheet to describe.

What Church do you attend? _____ How often? _____

What job/jobs do you want to do at Camp? _____

Circle the weeks you would like to help at Camp.

High School Junior High Junior Primary Wilderness Fall Retreat

I agree to abide by the Camp and Staff rules and submit to the Camp leadership.

Signature of applicant

MEDICAL EMERGENCY FORM - This must be filled out completely and **signed**.

Insurance Co. _____ Policy # _____

Your family medical insurance plan is primary coverage. The camp's insurance will pay costs above your medical plan coverage; or if you are not insured.

Date of last Tetanus _____ Allergies, medications or problems: _____

I give permission for pictures taken of me (or my child) to be used for publicity purposes. I give permission for myself (or my child) to receive medical treatment in the event of an emergency.

Applicant's signature

Parent or guardian's signature (if applicant is under 18)

We are required to ask the following questions.

Have you ever been convicted of any offense other than minor traffic violations? Yes _____ No _____

If yes, please provide details of the conviction (date, type of conviction, how it was resolved, etc.).

Please use additional paper if needed. _____

Have you ever been dismissed from rendering service to children or youth for reasons other than the expiration of the normal term of such service? Yes _____ No _____ If so, please state the name of the institution involved, its location, the name of the director, and the time and nature of the circumstances under which you were dismissed.

If accepted, will you put forth every effort to live congenially and work harmoniously with co-workers and be responsible to your Camp leaders? Yes _____ No _____

I have read and fully understand all questions requested in this application. I certify that all answers given by me are true, accurate and complete. I understand that the completion and/or execution of this application does not insure me a volunteer position, nor does it obligate me or the organization in any way. I fully understand that the omission and/or misrepresentation of facts requested may be cause for immediate dismissal without prior notice. I authorize this organization to request and obtain information concerning my previous employment, and contact the personal references listed herein. When pertinent questions arise and it is deemed necessary, I further authorize the Department of State Police Central Records Division of this state to conduct a criminal history file check by name and identifiers to determine the existence of my arrest resulting in conviction, and furnish a response to the American Missionary Fellowship representative. If accepted for service, I agree to abide by all the rules and regulations of the American Missionary Fellowship and Bethel Bible Conference. I have read, understand, and agree to the above.

Applicant's Signature

Date