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# TEEN VOLUNTEER APPLICATION



## GENERAL INFORMATION

TV Name: \_\_\_\_\_ Grade (2021) \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Contact Parent\* Name: \_\_\_\_\_ Application Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

\*Note: All communications will be through one contact parent's phone or emails.

T-Shirt  
Size

Contact Parent's Email: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/St: \_\_\_\_\_ Zip: \_\_\_\_\_

2<sup>nd</sup> Address (if any): \_\_\_\_\_ City/St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Your Phone\*: \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_

Do you have any physical or other limitations that require special attention?  Yes  No  
(If yes, please explain on back of page)

Have you ever been charged or convicted of an act of sexual abuse, physical abuse, or other crimes?  Yes  No

I consent to having a full criminal background check done.  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Teen Volunteer)

Parent/Guardian Consent: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature - Required if applicant is less than 18 years of age)

Last Name

First Name

## PREFERRED WEEKS OF SERVICE

Please label your **first**, **second** and **third choice** of when you would like to volunteer at the camp. Note that younger TV's will generally be used with the youngest camper groups. To ensure an appropriate age spread, you must have completed 10<sup>th</sup> grade to be a TV at Adventure Camp or Jr High Camp.

- |                    |                |                                 |
|--------------------|----------------|---------------------------------|
| ___ Any Week       | ___ July 12-16 | Kids' Camp/Jumpstart Grades 1-3 |
| ___ June 21-25     | ___ July 19-23 | Elementary 2 Grades 4-6         |
| ___ June 28-July 2 | ___ July 22-26 | Jr. High Girls/Guys Grades 7-9  |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

*Send Applications to:*

**Miracle Bible Camp**  
 Dan Niebeling, Program Director  
 P.O. Box 450  
 Longville, MN 56655  
 Phone (218) 682-2714  
 Email: [dniebeling@gmail.com](mailto:dniebeling@gmail.com)  
[www.miraclebible.com](http://www.miraclebible.com)

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**PERSONAL TESTIMONY**

1. When did you receive Christ? Tell us about how it came about (you may continue on another sheet):
2. How often do you attend church? List any ways in which you help out in your church (for example, children's ministry, helping in the kitchen, cleaning, etc.):
3. Describe an experience you have had working with children or youth in which you took a difficult situation and turned it into a positive experience:

**CONTRACT**

I hereby affirm that all statements in this application are true and complete to the best of my knowledge. I understand that untrue, misleading, or omitted information herein may result in dismissal regardless of the time of discovery by the camp.

I authorize investigation of all statements herein and release the camp and all others from liability in connection with the same.

I authorize Miracle Bible Camp to use any photos, video or sound recordings taken of me during my summer ministry experience in future promotional materials.

Participation in camp programs in 2021 may require cooperation with state-mandated COVID-19 requirements, possibly including masks. Initial here to indicate your willingness to cooperate as required: \_\_\_\_\_

\_\_\_\_\_ (Initial) I have read and understand Teen Volunteer Information.

\_\_\_\_\_ (Initial) I have read, understand and agree to abide by the MBC Staff Lifestyle Standards.

\_\_\_\_\_ (Initial) I have read, understand and agree with the MBC Statement of Faith.

\_\_\_\_\_ (Initial) I waive my right to view all references, including those made by persons listed below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

**REFERENCES**

Please list and provide contact information on three persons not related to you who know you well enough to offer insight into you and your character. We will contact them to provide the reference.

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
(Pastor or church leader)

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_