

(For first year staff only) Please list two people who can act as references for you. Give them the reference form, asking them to fill it out and send it in.

Name: _____ Email _____

Name: _____ Email _____

Person we should contact in an emergency: _____

Cell phone _____ City/State _____

Medical Insurance Co. _____

Policy # _____ Group # _____

Insurance phone # (____) _____

Your doctor's name and phone number: _____

I have fully and truthfully answered the above questions. I understand that the camp's remote location means adequate medical treatment, including emergency life-saving treatment, could be delayed or unavailable. I accept this liability risk, and, except for gross or willful negligence, I agree to hold Kokrine Hills Bible Camp, its board, leaders, and staff, faultless in the event professional medical care is delayed or unavailable. I hereby give permission for emergency medical treatment to be administered to me and I agree to be financially responsible for such treatment. I authorize KHBC to do a nationwide criminal background check on me. I have never been convicted of a felony or any sex-related or violent offense.

Applicant Signature: _____ Date: _____

Signature of parent/guardian (if applicant is under age 18): _____

Any other information that may be helpful:

KHBC staff members get a free sweatshirt! Your size XXL XL L M S

Picture attached or emailed (first year staff only)

Application deadline, March 1, 2008. Applicants will be notified of acceptance by March 16, 2008.

Check the "Staff" page on our website for costs and other information.

Mail, or scan and email application, to: Brian Arnold, KHBC Personnel, 145 NE Olvera Ave, Gresham, OR 97080 bdarnold@gmail.com www.kokrinehills.org