

(Revised Dec 07)

**Kokrine Hills Bible Camp
Work Team 2008 Application**



Thank you for your interest in the 2008 Kokrine Hills Bible Camp Work Team.

Name _____ Age ____ Email _____
Address _____ City _____ State _____
Zip _____ Home Phone _____ Cell _____
Weight (needed for the charter flight)s _____ Home church _____

List any allergies, recurring problems, or physical conditions that might affect your ability to do physical work.

Are you allergic to mosquito bites? Yes No

Are you on a special diet? Yes (Explain) No

Have you been on a missions trip before? _____ When and what did you do?

KHBC Work Team members must provide their own health insurance or sign a waiver of liability. Do you have health care insurance that will give you coverage in Alaska? Yes No

Health Insurance Provider: _____ Policy # _____

Physician's name phone: _____ Phone: _____

Emergency contact name _____ Phone: _____

Date of your last tetanus shot _____ (be sure to get one if yours is out of date).

(Only if you do not have health insurance coverage)
I understand that Kokrine Hills Bible Camp does not have health or liability insurance. I agree to be personally responsible for any medical and/or evacuation costs associated with any sickness, accident, or injury I might have participating in KHBC's 2007 Work Team.
Signature _____ Date _____

Someone who knows you and would be willing to act as a reference. *(Reference required only if you have not served on a KHBC work team.)*

Name _____ Email _____

Phone _____

List special skills or experience that may be useful to the work team:

What goals do you have for this trip?

I agree to be responsible for the costs of my participation. I accept the risks involved in traveling to a remote area of Alaska and living and working in primitive conditions where medical and hospital care are often not immediately available.

Signature

Date

Check the Work Teams portion of our website (kokrinehills.org) for the latest information and costs for 2008.

Work team members get a free 2008 KHBC staff jacket. Size: XXL XL L M S

Return completed application to (mail, or scan and email):

Barry Arnold, KHBC Work Teams 1217 NE Burnside, Suite #804, Gresham, OR 97030

If you have questions, email barryarnold@gmail.com or call my cell 503 491-8283