

**For All Volunteer Staff - Signature Required**

**As MBC Volunteer Staff member, I agree to be the following:**

- 1. Encouraging To Campers and Fellow Workers:** I will present myself in a loving, caring way to others, always showing respect and making myself available to help. I understand the importance of not playing practical jokes and demeaning others.
- 2. A Servant in my Actions:** I understand the commitment I am making for a session of camp and I will not have other responsibilities that will take me away from being an active, involved participant. I understand the need to respect and follow the direction of the camp Deans and Managers. I will participate with the campers, and not expect special privileges for staff.
- 3. Morally Above Repeach:** In areas of modesty, personal cleanliness, counseling, physical contact, and speech, I will maintain extremely high Biblical standards, knowing that my example will be watched by staff and campers alike. I will not use or bring any kind of tobacco or alcohol to camp. I will not flirt with, tickle, or touch campers or other staff inappropriately. I will not do anything to harm the good name of Christ, Maranatha Bible Camp, or the camps member churches.
- 4. A Good Steward of Camp Property:** I will work hard to maintain cleanliness in the dorms and other camp facilities. I will care for the property and camp equipment. I will show the campers a good example of respecting God's creation and the property of others.
- 5. Criminal Background Check:** I will submit to the MBC policy of obtaining a background check on any adult volunteer who did not have one as a part of their screening with their local church. I attest that the information provided on this form is accurate. I authorize Maranatha Bible Camp to initiate a national criminal background check on me per this policy and upon request I will provide MBC any additional information necessary to perform the background check. I understand that this information will be used exclusively to screen potential volunteer staff.
- 6. Promotion:** I also give my permission for any appropriate photographs/videos of me to be used for future Maranatha Bible Camp promotional purposes.

Signed: \_\_\_\_\_ Date : \_\_\_\_\_

Signed: \_\_\_\_\_ Date : \_\_\_\_\_

**Signature of Parent or Legal Guardian if volunteer is under the age of 18.**

**To Complete Your Registration**


- Give your form and check to your Church group leader. They will forward it to the camp. This helps them know who is coming so they may plan for transportation and ensure they have recruited adequate numbers of adult volunteers to attend with the campers. **Check with your Church group leader** and either **make your check out to your Church** if the Church is sending one large check, **or to Maranatha Bible Camp**, our preference.
- If you do not have a church leader coordinating camp registration you may mail your form along with your registration fee to the address below.

**Maranatha Bible Camp - Junior Bash '17**  
**18131 Highway WW**  
**Everton, MO 65646**

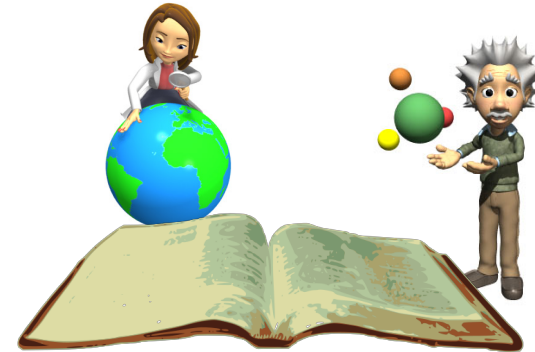
**For more information contact us at:**

**maranathapenny@gmail.com**

**(417) 535-6085**

**Junior Bash**   
**23+ hours of high energy fun, good food, Bible Study, memorization & relationship building for**  
**3rd - 6th Graders -**  
**March 31 - April 1 or April 7 - 8**

**Understanding the World from Biblical View**



**The Purpose of Junior Bash is to provide a faith building experiences for 3rd - 6th graders so that they may know what they believe and why they believe it.**

**Early Bird Rate \$45**

**Paper registration(s) accompanied by payment must be postmarked by 3/27**

**Regular Rate \$55**

**Registration includes housing, food, supplies and recreation options.**

**For more information and online registration go to**

**www.maranathabiblecamp.org**

**For registration assistance call 417 535-6085**

## Junior Bash: Participant Information: \$45

Parents/Sponsors should fill out a separate form for themselves.

Please circle the session you are attending March 31-April 1 or April 7-8

Registrant is a \_\_\_\_\_ **Camper** \_\_\_\_\_ **Sponsor/Parent**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade (A for Adult) \_\_\_\_\_ Circle: Male or Female

Church (Please include city) \_\_\_\_\_

List any Physical or Dietary Restrictions the Camp Staff/First Aider should be aware of: \_\_\_\_\_

\_\_\_\_\_ Allergies \_\_\_\_\_

List any medications that need to be given while at camp.

Med & Dosage \_\_\_\_\_ Time \_\_\_\_\_

Med & Dosage \_\_\_\_\_ Time \_\_\_\_\_

Med & Dosage \_\_\_\_\_ Time \_\_\_\_\_

My child may be given Tylenol, Tums, Benadryl, Advil or generic equivalent as needed per camp protocol. **Yes or No**

Exceptions or special instructions: \_\_\_\_\_

**All camper medications should be given to your church group leader. Adults may keep and self administer medications; they must be kept on your person or in a locked container.**

## Family Information: Parent/Guardian(s) with whom camper resides or yourself and spouse if you are an adult sponsor/participating parent.

Guardian/Self Last Name \_\_\_\_\_ First \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Guardian/Spouse Last Name \_\_\_\_\_ First \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Other emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to participant \_\_\_\_\_

## Important Information that Requires Parent's Signature

I understand that I (if sponsor/participation parent) or my child attending **The Sandwich** at Maranatha Bible Camp weather permitting **may be** offered an opportunity to ride the **Zip Lines**. I fully understand and acknowledge that; 1. risks and dangers exist in the participation in and use of Zip Lines, 2. that participation in such activities and/or use of such equipment may result in injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; 3. and by giving my child permission to participate in these activities and use this equipment, I assume all risks and dangers and all responsibility for any losses and/or damages incurred while riding the Zip Lines. **Parent Initials** \_\_\_\_\_

To the best of my knowledge my child is physically and emotionally able to take part in the camp program. In the event of a medical emergency, I give permission to the volunteer medical person selected by the camp management to do whatever is necessary for the health of my child as named on this form. I hereby release the camp, from any responsibility other than normal supervision and care. In case of an accident, I will not hold Maranatha Bible Camp, their staff members, management, or officers liable. I have reviewed this form and certify that all appropriate medical information is included. **Parent Initials** \_\_\_\_\_

I recognize that this is a Christian camp, that the Bible will be studied, and that camp conduct will be expected that is consistent with Christian Values. **Parent Initials** \_\_\_\_\_

I also give my permission for any appropriate photographs/videos to be used for future Maranatha Bible Camp promotional purposes. **Parents Initials** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Adult Volunteers please note and sign box on back page.**

## For All Sponsors/Participating Parents Two Referral Signatures Required

(Combination of two ministers/elders from home church)

**Does your church do background checks on volunteers? Y N**

**If yes have you done a background check on this person? Y N**

1. Name \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_