MEPHIBOSHETH MINISTRIES

Camp Mephibosheth
Companion Application

Please clearly indicate if you will attend Session 1, Session 2 or both!

Session 1_____   Session 2_____

Information

Name: _____   T-Shirt Size: _____ Birthdate: _____

Mailing Address: _____   Email: _____

City, State, Zip: _____

Parent/Spouse/Friend: _____   Phone: _____

Emergency Contact: _____   Phone: _____

Authorization and Release

The information contained in this application is correct to the best of my knowledge. If 18 years old or older, I authorize that a criminal record check be conducted on me for the protection of the campers and volunteers. All fields are required to complete the background check. Any information regarding conviction may be released to Mephibosheth Ministries, Inc. This information will be held confidential. I agree to hold harmless from liability any person or organization that provides or receives this information.

I hereby grant Mephibosheth Ministries, Inc., and The Ark Christian Ministries the right to use my name, image, likeness, and sound recordings taken of me while at Camp Mephibosheth for publicity purposes. The right to use these images and recordings is understood to include the right to make and use reproductions and to copyright and distribute the materials in whole or part.

Commitment

By submitting this application, I hereby confirm my commitment to serve at Camp Mephibosheth.

I realize that the number of campers able to attend is contingent upon the number of companions we have available to assist them during camp.

 Should it be impossible for me to fulfill this agreement, I will notify Mephibosheth Ministries, Inc. promptly by telephone or email.

Signature: _____   Date: _____

New Companion – please see back

Experience with persons of differing abilities? (experience not required)_____

_____

_____

Why are you interested in being a companion? _____

_____

_____

Skills / gifts to share? _____

_____