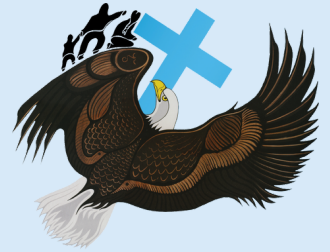


APPLICATION FORM

— BIBLE CAMP TEAM



PERSONAL INFORMATION

First Name : Home Phone :

Last Name : Cell Phone :

Date Of Birth :
YYYY - MM - DD Email Address :

Gender : Male Female

Street Address :

City : Prov. / State :

Postcode / Zip : Country :

PROFESSIONAL / MINISTRY EXPERIENCE

Please indicate how many years experience you have in each of following sectors in a professional or volunteer capacity.

<input type="checkbox"/> Education	<input type="checkbox"/> Children's Ministry	<input type="checkbox"/> Youth Work	<input type="checkbox"/> Music
<input type="checkbox"/> Clergy	<input type="checkbox"/> Kid's Clubs (Guides, Scouts, coaching etc)	<input type="checkbox"/> Lay Leadership	<input type="checkbox"/> Healthcare
<input type="checkbox"/> Other	<input type="text"/>		

Add details if you selected "Other"

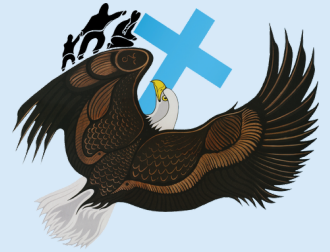
Briefly comment on your experience below

THANK YOU FOR YOUR INFORMATION

Page 1

APPLICATION FORM

— BIBLE CAMP TEAM



PROFESSIONAL / MINISTRY EXPERIENCE

continued

I can play the following instruments :

I would like to bring an instrument to Bible Camp :

Guitar

Piano

Drums

Yes / No

Other

AVAILABILITY & PLACEMENT

My best availability is usually :

Specific date ranges I am (or am not) available this year :

Spring

Summer

Fall

Winter

What has inspired you to apply to join a Bible Camp team in Northern Canada?

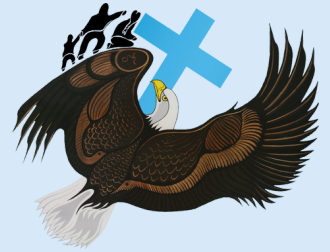
What are the greatest strengths you would bring to a Bible Camp team?

THANK YOU FOR YOUR INFORMATION

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APPLICATION FORM

— BIBLE CAMP TEAM



AVAILABILITY & PLACEMENT

continued

Most of the communities we serve are in remote and isolated areas with limited medical facilities. Please comment on any physical / mobility limitations or medical concerns this might raise.

Please share some highlights and lowlights from your personal faith journey in the space below :

THANK YOU FOR SHARING

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APPLICATION FORM

— BIBLE CAMP TEAM



AVAILABILITY & PLACEMENT

continued

Please note here if there is a particular community you would like to serve, or if there are certain team members you would like to be placed with. If you are participating in a congregational group, mention it here.

Signature of Applicant

Use the free Adobe Fill & Sign feature to add your signature here.
Complete the section below (but don't sign on behalf of your Pastor!)

Date of Application

PASTORAL REFERENCE

In order to process your application, we need to receive an acknowledgement that you are known to a local church pastor or ministry leader. This person will be asked to attest to your suitability to serve with *On Eagle's Wings*, and may be asked to provide a reference. They will see a copy of this application. Please enter their details below.

Church Name :	<input type="text"/>	Church Phone :	<input type="text"/>
Church Address :	<input type="text"/>		
City :	<input type="text"/>	Prov. / State :	<input type="text"/>
Postcode / Zip :	<input type="text"/>	Country :	<input type="text"/>
Pastor / Leader Name :	<input type="text"/>	Pastor / Leader Email :	<input type="text"/>

Pastor / Leader : I acknowledge that this applicant is a member of my congregation, is known to me, and that I may be contacted by *On Eagle's Wings* to provide a reference.

Signature of Pastor / Leader

Date



Canadian Office
10072 164 St NW,
Edmonton, Alberta,
T5P 4Y3

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volunteer@oneagleswings.ca



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