

# Rocky Mountain Bible Mission (RMBM) Returning Volunteer Application

USE THIS FORM ONLY IF YOU SERVED WITH RMBM LAST YEAR



**ROCKY MOUNTAIN BIBLE MISSION**  
Reaching the Rocky Mountain West for Christ

ON THE WEB AT RMBIBLE.ORG

- Please print clearly and fully complete the entire form. This application also includes a Medical Information and Liability Release. If all pages are not received and filled in, we may not be able to process the application in a timely manner. Every section is required information and the Medical Information and Liability Release *must be signed*.
- If you have questions about completing the form, please call the RMBM office at (406) 532-1565 or email us at [rmbmoffice@rmbible.org](mailto:rmbmoffice@rmbible.org).
- You may also contact our camps directly:
  - Elohim (406) 295-1115 or email at [wdedson@frontiernet.net](mailto:wdedson@frontiernet.net)
  - Lewtana (406) 535-4805 or email [lewtana@gmail.com](mailto:lewtana@gmail.com)
  - Utmost (406) 244-0049 or email at [CampUtmost@gmail.com](mailto:CampUtmost@gmail.com)
- Please be certain you send us the entire application, whether by any of the above email, or US postal mail to:

Volunteer Program, RMBM, 1515 Fairview Avenue, Suite 200, Missoula MT 59801

## Section 1. Interested Ministry Service

## Date of Application:

Ministry Interest: <ul style="list-style-type: none"> <li><input type="checkbox"/> Camp Elohim</li> <li><input type="checkbox"/> Camp Utmost</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lewtana</li> <li><input type="checkbox"/> Where most needed</li> <li><input type="checkbox"/> Other (describe):</li> </ul>	In what capacities would you like to serve?
For what dates and/or age group are you desiring or available to work?		In what capacities would you rather <i>not</i> serve?

## Section 2. General Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Pastor	Name:	Email address:
Mailing Address (include city, state, & ZIP):		Phone:
Social Security Number:	Age:	Date of Birth: MM/DD/YYYY
Marital Status:		
<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married		

## Section 3. Background Information

Has the applicant at any time ever:

Been arrested for any reason?  Yes    No

Been convicted of or plead guilty, or no-contest to any crime?  Yes    No

Engaged in or been accused of any child molestation, exploitation or abuse?  Yes    No

If you answered yes to any of these, please give details:

## Office use only: Director Approval

Our office staff will process this application and notify you when approved. In order to facilitate an appropriately staffed and smoothly run ministry, all volunteers must have the ministry directors' final approval before you being invited to work.

Background check performed:    No    Yes   Date:

Printed name:

Signature:

Position Assigned:

#### Section 4. Parental Approval (*Must complete for any minor*)

For minors (everyone under the age of 18) a parent or legal guardian must sign here granting their permission for you to work with the Mission.

Printed name:

Signature:

Date:

Parents & Guardians: If needed, how may we best reach you during the day and in the evenings?

#### Section 5. Pastoral Approval

Applicant: Please check here  if you could not contact your pastor in a reasonable time. Provide the contact information below and we will call him.

Dear Pastor,

Please take just a moment to reflect on this applicant's desire and request to work with our Mission. We're looking for God's people to do His work. Do you feel the applicant is capable of meeting that expectation? Is the applicant committed to the Lord? Your signature constitutes your approval. Also, please consider a commitment to pray regularly for the applicant during the ministry period.

Printed name:

Signature:

Date:

Church Name & Address:

Phone:

#### Section 6. Applicant Confirmation

I recognize that Rocky Mountain Bible Mission (RMBM) and its affiliates are relying on the accuracy of the information I have provided here. Accordingly, I attest and affirm that the information provided is absolutely true and correct.

I voluntarily release RMBM, its affiliates and anyone listed on this application from liability involving the communication of information relating to my background or qualifications. I further authorize RMBM to conduct a background investigation, if such a check is deemed necessary.

I agree to abide by all policies and procedures of Rocky Mountain Bible Mission and its faith statement, and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Printed name:

Signature:

Date:

***Thank you for your interest in serving God through ministry with the Rocky Mountain Bible Mission!***

**Rocky Mountain Bible Mission**  
1515 Fairview Avenue, Suite 200  
Missoula, Montana 59801  
(406) 532-1565  
rmbible.org



# Rocky Mountain Bible Mission (RMBM) Medical Information and Liability Release



Your safety and health are very important to us. Since we must also meet certain requirements for insurance purposes, it is necessary to have this form completed and signed appropriately. Your application will not be accepted without the information requested here. If the applicant is under the age of 18, a parent or legal guardian must sign.

## Section 7. Applicant Information

**Date of Application:**

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Name:	
Mailing Address (include city, state, & ZIP):			Phone:
Social Security Number:	Age:	Date of Birth: MM/DD/YYYY	Relationship to applicant: <input type="checkbox"/> Self <input type="checkbox"/> Parent/Guardian
First Emergency Contact Name:	Contact Phone:		Contact Relationship:
Second Emergency Contact Name:	Contact Phone:		Contact Relationship:

## Section 8. Insurance Information

Medical Insurance Provider <i>(if no insurance, write NONE and continue):</i>		Name of Policy Holder:
Policy Number:	Insurance Company Phone:	
Name of Preferred Doctor or Clinic:	Date of Last Tetanus Shot:	Medical or Food Allergies <i>(if no allergies, write NONE):</i>
Medical, Physical or Activity Restrictions we should be aware of <i>(if no restrictions, write NONE):</i>		
Medication to be taken while at camp (must be given by camp nurse) <i>(if no medications, write NONE):</i>		

## Section 9. Authorization and Liability Release

### Discipline Policy

Behavior and/or attitudes deemed unacceptable by the discretion of our Camp Director will warrant the applicant's immediate dismissal. If applicant is a minor, parents/guardians will be notified, and they will be responsible for the removal of the applicant.

### Legal Consent

As parent or legal guardian of the applicant under the age of 18 applying, or for myself being over the age of 18, I hereby grant permission for the above named to volunteer with Rocky Mountain Bible Mission (RMBM) and consent to its Discipline Policy. I also do hereby release RMBM from any and all liability or responsibility due to any injury that he/she/I may incur as the result of, or arising in any way from, participation in activities at or under the direction of RMBM. I am fully aware, consent to accept these risks, and voluntarily agree to allow his/her/my participation in activities.

I further understand RMBM often takes photographs or videos of participants during activities or events. I grant permission without compensation that these photographs and/or videos may be used in publications, presentations, websites and promotion of Rocky Mountain Bible Mission. RMBM will not identify me, or the minor applicant, by name or release any other personal information without additional written permission from me.

Printed Name:	Signature:	Date:
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