



For office use only	
Date Received	Ref. Received
Acceptance Sent	Contract Received

BETHANY SPORTS CAMPS 2010 – Returning Staff/Volunteer Application (please print in ink)

Please use this form if you have previously submitted the full application in a previous year.

Name _____ Male/Female
 Address _____
 City _____ Prov. _____ Postal Code _____
 Birth Date (yr/mm/dd) _____ Social Insurance # _____
 Phone # _____ Fax # _____
 Email _____
 T-Shirt Size: (Adult Sizes): Please check one XS S M L XL XXL

Dates Available to work:

ATTACK - Volleyball Camp July 5-9 _____
 Above the Rim - Basketball Camp July 12-16 _____
 STRIKE – Soccer Camp July 12-16 _____

PERSONAL INFORMATION (please provide this information on a separate sheet of paper)

1. What is God doing in your life right now? How have you been seeking Him and growing in Him lately?
2. What has been your experience with BSC? How do you see your gifts/talents fitting into Sports Camps?
3. What in particular would you like to help with: certain skills, recreation, courtside prep, sideline sessions, share your testimony, speak at a courtside, nursing, etc? Are you willing to plan or lead any of these?
4. Please let us know if you have any health concerns 1) that could restrict you during sport, 2) food allergies, 3) medications, 4) other allergies, 5) special diets, 6) mental/emotional condition, etc.

I AM INTERESTED IN APPLYING FOR:

- | | | | | |
|------------------------------------------------------|-------------------------------------|-------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Head Instructor: | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Both weeks |
| <input type="checkbox"/> Coach: | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Both weeks |
| <input type="checkbox"/> Assistant Coach: | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Both weeks |
| <input type="checkbox"/> Support Staff: | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Both weeks |
| <input type="checkbox"/> Media: | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Both weeks |
| <input type="checkbox"/> Program Coordinator: | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Both weeks |
| <input type="checkbox"/> Food Services: | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Both weeks |

Honoraria are available for a limited number of staff positions. Please indicate (x) whether you wish to:

Receive Honorarium **Volunteer Service**