



Date Received: \_\_\_\_\_  
 Confirmation Sent: \_\_\_\_\_  
 Final Confirmation: \_\_\_\_\_

# Camp Mephibosheth

## Junior/Senior High School Companion Application

Mail completed form to: 1715 Stringtown Pike Cicero, IN 46034

**PERSONAL INFORMATION:**

Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Alt. Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 T-shirt size:  Small  Medium  Large  X Large  XXL

Parent/Guardian/Spouse \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**REFERENCES:**

Home Church \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Minister's Name \_\_\_\_\_

List 2 additional references (non-family members)

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Alt.(\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_
2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Alt.(\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_

1. Have you ever attended Camp Mephibosheth?  Yes  No How many years? \_\_\_\_\_
2. Have you attended another camp for persons with disabilities?  Yes  No What camp? \_\_\_\_\_
3. What experience do you have working with persons with disabilities? \_\_\_\_\_  
 \_\_\_\_\_
4. Leadership experience : \_\_\_\_\_  
 \_\_\_\_\_
5. Special skills/talents that you would be willing to share at Camp Mephibosheth (music, crafts, teaching, etc.) \_\_\_\_\_  
 \_\_\_\_\_
6. Describe your interest in serving at Camp Mephibosheth: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. List any disabilities, allergies, or health limitations you have: \_\_\_\_\_  
 \_\_\_\_\_

## ***Volunteer Companion Covenant***

- *I will come prepared to focus my attention on the camper assigned to me and always show them respect as though they were Christ, Himself.*
- *I will gladly participate in all scheduled activities and activities that interest my camper.*
- *I will honor those God has called to be the leaders of this event and joyfully follow their instruction.*
- *I will conduct myself in a manner that brings honor to God and will not use tobacco, alcohol, or any drug that is not dispensed by the camp nurse.*
- *I agree to abide by all camp procedures, and work to the best of my ability to be a good companion to my camper.*
- *I will grow in my understanding of being a servant of Christ and remember that I came as a servant, not a savior.*

I accept that, as a Volunteer Faculty member, I will be the representation of Jesus Christ to the camper assigned to me. I realize that I may be the first representation of Christ that my camper has ever encountered.

I hereby commit to making this experience a time of spiritual growth for my new friends. I further agree to follow Christ's example in Luke 9:23, daily placing my desires aside, giving complete dedication to the needs of the campers.

***“If anyone would come after me, he must deny himself and take up his cross daily and follow me.”***

The information contained in this application is correct to the best of my knowledge. I authorize references and pastors listed in the application to give any information, including opinions, regarding my character and fitness to work with persons who have developmental disabilities. If 18 years of age or older, I authorize that a criminal records check be conducted on me for the protection of the campers and volunteers. Any information regarding a 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 Rainbow Christian Camp the right to use my name, image and likeness, and sound recordings taken of me while at Camp Mephibosheth for publicity purposes. The right to use these images and recordings are understood to include the right to make and use reproductions and to copyright and distribute the materials as a whole or in part.

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

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian of applicant), certify that I have reviewed this application, and support my son's/daughter's efforts in serving as a member of the faculty for Camp Mephibosheth. I will encourage and support the fulfillment of their obligation to that ministry.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please review this application for completion, then mail to:

**Mephibosheth Ministries, Inc.**  
**1715 Stringtown Pike**  
**Cicero, IN 46034**

If you have further questions contact Mephibosheth Ministries, Inc. 317-984-4653 ext#30

E-Mail: [info@mm-abilities.org](mailto:info@mm-abilities.org)