

Beaver Valley Lutheran Camp
Counselor/Volunteer Form

I hereby wish to be involved at Beaver Valley Camp as a counselor and/or volunteer. I acknowledge that I am over 21 years of age. I understand that I will help supervise children under the age of 18.

Name: _____ Gender: M___ F___ Age: _____

Address: _____ Phone #: (____) _____

City: _____ State: _____ Zip Code: _____

Check which camp in which you will participate:

(visit <http://wy.lcms.org/youth/camps.htm> for camp dates)

Camp One (*grades 5 & 6*): _____

Camp Two (*grades 7 & 8*): _____

Camp Three (*grades 9 – 12*): _____

Camp Cook (*please indicate which camp(s) you're willing to serve*): _____

Have you ever been accused or convicted of a sexual or other abuse crime? Yes () No ()

If you answered "Yes" to the above question, please explain the circumstances on the lines below.

Every Beaver Valley Lutheran Camp volunteer's name will be submitted to a national sex abuse database. Your signature states that you acknowledge and approve of such investigation.

Signature: _____ Date: _____

Congregation Name: _____

Pastor's Name: _____ Pastor's Signature: _____

Please mail the completed form to:

Lee & Rhonda Miller
c/o Bethlehem Lutheran Church
916 2nd Street
Crawford, NE 69339