

**CSSM MINISTRIES – MB: DAUPHIN BIBLE CAMP**

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**THIS FORM IS TO BE FILLED OUT IN CONJUNCTION WITH THE DBC SUMMER MISSIONARY WORKER APPLICATION FOR THOSE UNDER 16 PLEASE COMPLETE IN DETAIL ALL INFORMATION BEFORE RETURNING (Please PRINT clearly)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: ----- Birthday: Year \_\_\_\_ Month \_\_\_\_ Day \_\_\_\_ Medical # \_\_\_\_\_

School: \_\_\_\_\_ Grade (Sept 07): \_\_\_\_\_

**Dates available to volunteer:** \_\_\_\_\_

**PARENTS/GUARDIANS:**

Parent/Guardian Names: \_\_\_\_\_

In case of emergency I/we can be reached during the day at \_\_\_\_\_.

If for some reason I/we are not able to be reached the alternate contact person is:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does this child have any serious health challenges (allergies, handicaps, any medication required)? Yes / No If yes, please explain: \_\_\_\_\_

Do we have your permission to authorize treatment in case of emergency? Yes / No \_\_\_\_\_

I hereby certify that I am the \_\_\_\_\_ of the applicant, that I support the application and that all particulars of this application are true and correct.

Signature of parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_