

EAGLE HOUSE MINISTRIES  
Work Camp Program

PARTICIPANT APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CHURCH: \_\_\_\_\_

AGE AND GRADE IN SCHOOL: (Youth Participants Only) \_\_\_\_\_

1. Have you participated in a work camp before? \_\_\_\_\_

2. Please list any social service/outreach work or work camps with which you have been involved with your church group otherwise. \_\_\_\_\_

3. Give three reasons for your desire to participate in this Work Camp. \_\_\_\_\_

4. Please sign the following statement:

I understand that in order to have a successful work camp experience I must be willing to work hard, be friendly and outgoing with the Senior Citizens and local people I meet, be willing to participate with energy in evening study and devotions and be willing to forego personal comforts for the week. I will abide by all Work Camp rules and regulations.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

5. Unless your group will be covered by a group accident insurance policy, the following information **MUST** be completed and signed by a responsible adult.

(Participant's Name) \_\_\_\_\_ has medical and accident insurance coverage by the following personal or family policy:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Agent ( or contact ): \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(IF THE PARTICIPANT IS UNDER AGE 18, INSURANCE INFORMATION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.)