

**EAGLE HOUSE MINISTRIES  
WORK CAMP PROGRAM  
GROUP APPLICATION**

**DATE:** \_\_\_\_\_

**NAME OF CHURCH/GROUP:** \_\_\_\_\_

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

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

**PHONE:**(\_\_\_\_) \_\_\_\_\_ **CONTACT  
PERSON:** \_\_\_\_\_

**1. Approximately how many Youth will be in your group?** \_\_\_\_\_

**2. How many Adults are in your group?** \_\_\_\_\_

**3. What is the age range of your Youth?** \_\_\_\_\_

**4. Are there special skills among your Youth or Adults? If so please specify.** \_\_\_\_\_  
\_\_\_\_\_

**5. Will your group be covered by a group accident insurance policy or by individual accident insurance policies?** \_\_\_\_\_

**If by a group policy, please complete the following information. (If not known at this time, this information MUST be received prior to your group's arrival.)**

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

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

**Agent's ( or contact name ):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone: (\_\_\_\_)** \_\_\_\_\_

**If by individual policies, Participant Applications on each participant (youth/adults) MUST be received prior to your group's arrival.**

**6. Have you read our Work Camp policies and are you willing to abide by them?** \_\_\_\_\_

**Leader Position Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**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.)

**EAGLE HOUSE MINISTRIES  
WORK CAMP PROGRAM**

**ADVANCE GROUP APPLICATION**

**DATE:** \_\_\_\_\_

**NAME OF CHURCH/GROUP:** \_\_\_\_\_

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

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

**PHONE:** \_\_\_\_\_ **CONTACT PERSON:** \_\_\_\_\_

**1. Approximately how many will be in your group?:** \_\_\_\_\_

**Youth:** \_\_\_\_\_ **Adults:** \_\_\_\_\_

**2. What is the age range of the youth in your group?:** \_\_\_\_\_

**3. Are there special skills among your Youth or Adults? If so, please specify:** \_\_\_\_\_

**4. List any social/outreach work, including work camps, in which your group has participated in the past:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Have you read our Work Camp policies and are willing to abide by them?** \_\_\_\_\_

**6. Give first and second choice of camp dates.**

**First:** \_\_\_\_\_

**Second:** \_\_\_\_\_

**7. What type of project mentioned in the information particularly interests your group?**

**Specify:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Would you like Rev. Milligan, staff members and area youth to provide youth oriented worship and/or study opportunities while you are with us? Yes** \_\_\_\_\_ **No** \_\_\_\_\_