



# Skybacher Ministries Sports Camp

## Staff/Volunteer Application

**Personal Information**

Full Name: \_\_\_\_\_  
 Last First Middle Date

Permanent Address: \_\_\_\_\_  
 Street Address Apartment Unit #  
 \_\_\_\_\_  
 City State Zip Code

College Address: \_\_\_\_\_  
 (If applicable) Street Address Apartment Unit #  
 \_\_\_\_\_  
 City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F

**Background Information**

Have you ever been convicted of a felony or misdemeanor? Yes No  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

Do you have any health conditions that require special attention? Yes No  
 If yes, please list. \_\_\_\_\_

Does your health insurance offer international coverage? Yes No  
 Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

**Sports Related Experience**

Beginning with the most recent, list your prior involvement with sports:

Name of School/Club	City/State	Number of Years	Playing	Coaching

## Questions

Please provide an answer to the following questions.

1. What is God currently teaching you in your life?

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2. Why do you want to serve with Skybacher Ministries and what gifts/abilities would you bring to the position?

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## Liability Release

In consideration for being accepted and allowed to participate in this internship and activities associated with its program and location, I personally assume responsibility for my actions, and release Skybacher Ministries, its Board of Directors, employees and agents from loss, injury, or damage to with myself or my property; provided that nothing contained herein shall excuse Skybacher Ministries from the responsibility to act with reasonable care for the safety of myself or my property.

I certify that my answers are true and complete to the best of my knowledge and I authorize Skybacher Ministries to make such investigations and inquiries of my personal, employment, and educational and other related matters as may be necessary for an internship acceptance decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application. I also grant Skybacher Ministries to perform a background check.

In the event that I am accepted as an intern, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge.

### AGREEMENT

Please sign and date this application.

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

Parent Signature (if under 18) \_\_\_\_\_ Date: \_\_\_\_\_

**All volunteers are required to have Act 33 & 34 clearances up to date within a year and be able to present us with a copy of each.**

Please e-mail this completed application to  
[Skybacher\\_7@yahoo.com](mailto:Skybacher_7@yahoo.com)

Mail to:  
**Skybacher Ministries**  
**772 Rte. 989**  
**Freedom, PA 15042**