

TOM's Application

TOMs must have completed 8th grade and have yet to graduate High School unless otherwise approved

Application Deadline: July 1st

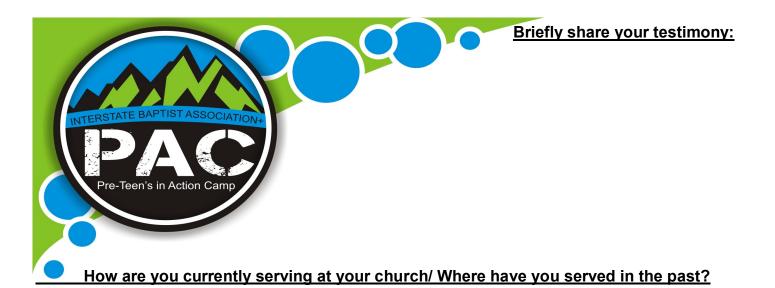
Notifications will begin July 15th

Registration form due one week before camp

Please use black or blue ink only

## **General Information:**

Name				
NameFirst	Middle	Last		
Date of Birth		Last Grade_Completed		_Gender
Address	City	State	Zip	
Home Phone		Mobile		
Email Address				
Church Name				
Have you volunteered at	one of the IBA children	's camps before?	Yes	No
Do you have a current Re	d Cross First Aid & Adı	ult CPR Certification?_	Yes	No
List any skills & interest _				
References:				
Name (Pastor or Sunday	School Teacher)			
Phone				
Email	_			
Name (non-family member	er)			
Phone				
Email				



Why do you want to be a TOM this summer?

## **Statement of Beliefs:**

By participating in this event you are agreeing to uphold IBA beliefs and values expressed in the Baptist Faith and Message. For a copy of our beliefs visit: bfm.sbc.net

Camp leaders reserve the right to discuss matters of belief and behavior with any participants.

Please return this form to your church leader unless otherwise directed.

Interstate Baptist Association PO Box 19960 Portland, OR 97280 (503) 452-2930 pacamp.iba@gmail.com

