

## 2017 Application for KHBC Work Team

Name \_\_\_\_\_ Age \_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Weight (needed for the charter flight)s \_\_\_\_\_ Home church \_\_\_\_\_

List any allergies, recurring problems, or physical conditions that might affect your ability to do physical work.

1. Are you allergic to mosquito bites? Yes No Are you on a special diet? Yes (Explain) No
2. Have you been on a missions trip before? \_\_\_\_\_ When and what did you do?
3. KHBC Work Team members must provide their own health insurance or sign a waiver of liability. Do you have health care insurance that will give you coverage in Alaska? Yes/No

Health Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact Name \_\_\_\_\_ Phone: \_\_\_\_\_

Date of your last tetanus shot \_\_\_\_\_ (be sure to get one if yours is out of date).

Someone who knows you and would be willing to act as a reference

*(Reference required only if you have not served on a KHBC work team.)*

Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

*(Only if you do not have health insurance coverage)*

I understand that Kokrine Hills Bible Camp does not have health or liability insurance. I agree to be personally responsible for any medical and/or evacuation costs associated with any sickness, accident, or injury I might have participating in KHBC's 2009 Work Team.

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

List special skills or experience that may be useful to the work team:

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What goals do you have for this trip?

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*I agree to be responsible for the costs of my participation. I accept the risks involved in traveling to a remote area of Alaska and living and working in primitive conditions where medical and hospital care are often not immediately available.*

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

Check the Work Teams portion of our website ([kokrinehills.org](http://kokrinehills.org)) for the latest information and costs for 2017.

Return completed application to (mail, or scan and email): Roger Huntington, KHBC Work Teams, PO Box 68 Galena, Alaska 99741 If you have questions, email [kokrinehills@gmail.com](mailto:kokrinehills@gmail.com) or call 907 656 2226