



Camp Lost Pines

Staff Applicant's Information

<p style="text-align: center;">Staff <input type="checkbox"/> Staff in Training <input type="checkbox"/></p> <p style="font-size: small;">Please select the camp for which you are applying to serve, and MAIL THIS FORM TO:</p> <p style="text-align: center;">CAMP REGISTRATION % Andrea Taylor 628 Bays Road Marshall, TX 75672</p> <p style="text-align: center;">APPLYING TO SERVE :</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">KID'S CAMP June 17-20 Amy Vanterpool (832) 496-8321 amyv8321@gmail.com</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">YOUTH CAMP June 10-13 TC & April Villalobos (281) 831-6049 apvillalobos13@gmail.com</p>	<p>Name (First, M. Last):</p> <hr/> <p>Address:</p> <hr/> <p>City: _____ State: _____ Zip: _____ Gender: Male/ Female</p> <hr/> <p>Cell: () _____ Alternate: () _____</p> <hr/> <p>Church You Attend: _____ Location: _____</p> <hr/> <p>Pastor's Name: _____ Pastor's Phone: () _____</p> <hr/> <p>DOB: / / Circle One: Single Married Divorced Widowed</p> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Saved: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 20%; padding: 5px;">Sanctified: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 20%; padding: 5px;">Holy Ghost: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 20%; padding: 5px;">Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 20%; padding: 5px;">COGOP Member: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Saved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sanctified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Holy Ghost: <input type="checkbox"/> Yes <input type="checkbox"/> No	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No	COGOP Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
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following:	Carefully read and answer the	Mark Yes (or)	Mark No
Do you accept the whole Bible as the Word of God?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you strive to live a lifestyle that reflects Christ inwardly and outwardly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your Digital Social Network reflect Christ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you abide by the rules, guidelines, and policies of Camp Lost Pines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you willing to assume any responsibilities that you may be assigned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you willing to put the needs of the camp/retreat ahead of your own?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you physically fit for total participation in the camp/retreat program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can you be on time and stay until released from your duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you are under 18, will you be attending your camp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you able to attend any pre-camp training seminars or meetings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been convicted of a crime? If Yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Important Staff Information

- It is a requirement of the Texas DHS that every staff member receives Child Protection Training every two year. Therefore, every staff member will have to complete a CPT class before he/she is allowed to work in a Texas camp. The CPT Training is available online. The certificate will be e-mailed directly to the Camp Coordinator.
- Texas DHS also requires that every staff member have a criminal background / Sex Offender check. Camp Coordinator will complete this prior to the start of camp.
- This application should be mailed directly to the Camp Coordinator.
- The **Pastoral Endorsement Form** should be completed and signed by the applicant's local church pastor. Endorsement forms must be personally submitted and mailed by the pastor to the director of the camp for which you are applying to work .**Your application is not complete until the Pastoral Endorsement Form is received from the Pastor. Note:** Applicant should supply a stamped and addressed envelope for the pastor to mail the endorsement to the director of the camp for which you are applying.

Please list two References (non-related):	Relationship	Phone:
1.		
2.		

Statement of Certification and Understanding

I certify that all the information provided on this application is accurate to the best of my knowledge. I understand that in signing this application that I am agreeing to abide by all the policies and discipline of the camp (Referring to all camps and retreats sponsored by the Church of God of Prophecy). It's administration, staff and personnel. Any conduct incompatible, inconsistent or conflicting with the mission of Camp Lost Pines as a Christian camp will constitute as reason or cause for dismissal from camp and/or the decision to refuse acceptance to future camps/retreats. I also understand that Camp Lost Pines nor the Church of God of Prophecy is responsible for any valuables and/or personal property that may be lost or stolen. I accept the responsibility for and agree to financially reimburse for any damage/damages that I may cause to the camp property. I understand Camp Lost Pines reserves the right for search and seizure. Camp Lost Pines reserves the right to utilize any or all photographs and/or video footage taken of campers or staff members for promotional use or advertisement. In signing this application to volunteer as staff, I am authorizing permission for the Administration of Camp Lost Pines & Church of God of Prophecy to conduct a criminal background & sex offender check which is required by Texas State Dept. of Health.

Staff Signature _____
Date_____

Date_____

Parent /Guardian Signature (if younger than 18)_____

**Camp Lost Pines *Camp phone: 979-242-3360* 6047 Highway 77, PO Box 58 Warda, TX 78960
Coordinator: Andrea Taylor camp@txcogop.com**

Staff Medical Information

Staff Name: (Last, First, M.):

- Yes, I have health insurance. Insurance Company:
 No, I do not have health insurance. Insurance Phone #:
 (Please Attach a Copy of Your Insurance Card.)

- Medicare #: Insurance Group # Insurance ID#:
 Medicaid #:

Emergency Contact

Name: Relationship:
Phone: Alternate Phone:

Medical Information:

Recent Operations:

Other Medical Conditions (including dietary needs):

Physical Limitations:

List of Current Medications:

For Staff Under 18 Years Only:

Is the staff member up to date on all required immunizations?

- Yes
 No

Date of Most recent tetanus shot:

I give permission for my child to receive over the counter medication such as Tylenol, Advil, etc. by the camp nurse:

- Yes
 No

Please check any of the following conditions that are applicable:

Allergic Reactions:

- Bee/ Wasp**
 Penicillin
 Food:
 Other:

- Asthma**
 Diabetes
 Heart Trouble
 Kidney Trouble

- Sleepwalking**
 Convulsions
 Tuberculosis
 Fainting

- Recent Illness**
 Rheumatic Fever
 Serious Ivy/Oak/Sumac Poisoning
 ADD/ADHD

Emergency Medical Treatment Permission:

This statement of permission must be signed by the person legally responsible for the staff member. In the event your child/staff member needs emergency medical care, the director or nurse will make every effort to reach the emergency contact person listed on this application and/or the parent/legal guardian.

In the event I _____ cannot be reached, I hereby grant my permission to the camp director, camp nurse and physician selected by the camp to secure proper treatment for the staff member, _____. All personal staff medical expenses will be first billed to the staff member's medical insurance/provider. Camp Lost Pines will then become the secondary provider for any additional claim balance. I understand that if any sickness/injury should occur prior to camp concerning the staff member, the camp insurance is not responsible. It is understood by the camp administration that medical information provided is private according to the Health Insurance Portability and Accountability Act (HIPPA). I hereby grant permission to camp administration to share pertinent health information with those only who must ensure the health and safety of the applicant.

Staff Signature: _____

Date: _____

Parent/Guardian Signature (for staff under age 18): _____ Date: ____



CAMP LOCATION
 Camp Lost Pines
 6047 Hwy 77
 Warda, TX 78960

Camp Lost Pines- Waiver and Release of Claims, Assumption of Risk and Consent to Medical Treatment

Texas Church of God of Prophecy
 CAMPING MINISTRY

Please read this document (the "waiver") carefully, as it affects your future legal rights. Please provide your initials on each page after reading. By signing below, you (on behalf of yourself or your minor child/ward and any personal representatives, assigns, heirs, and next of kin) agree and represent that you have carefully read and fully understand the Waiver and agreed to its terms.

Each individual attending the premises and/or participating in the activities of the campground must complete and sign the waiver. A parent/ guardian of a minor Attendee must complete and sign the waiver on behalf of the minor Attendee.

This waiver must be carefully read and signed in consideration of the opportunity of being a willing attendee permitted to enter the premises. As used herein, the terms "Releasees" is defined to include the following: the campground, its subsidiaries, affiliated organizations, owners, members, managers, directors, officers, past and present employees, agents, representatives, successors, volunteers, and assigns.

Between:

The Church of God of Prophecy(owner), Camp Lost Pines (entity), Randy Tolman (Camp Caretaker) Andrea Taylor (Camp Coordinator)
 Full legal names of the owners/ operators/ caretakers/ representatives of the campground

(Hereinafter the "Campground")

Campsite Name: Camp Lost Pines	Camp Address: 6047 Hwy - 77	City/ Town: Warda	State: TX	Zip Code: 78960
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(Hereinafter the "Premises")

Telephone number: (832) 830-5337	Email Address: camp@txcogop.com
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-AND-

Camper Name:	Date of Birth: :
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(Campground visitor: hereinafter the "Attendee")

Permanent Home Address:

City:	State	Zip Code:
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Telephone Number:	Alternate Number:
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PARENT/GUARDIAN/EMERGENCY CONTACT:

Emergency Contact's Legal Name:	Driver's License # <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>	D.L. Address same as permanent? <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">YES</div><div style="border: 1px solid black; padding: 2px;">NO:</div></div>
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If NO, Please provide:

Emergency Contact's Signature	Camper's Signature (over 18)
Date	Date



1. ***I expressly acknowledge and agree that my attendance and participation in the activities in the Campground may involve risk of serious injury and/or death and/or property damage.***
2. ***I am fully aware of the risks and hazards inherent in my attendance at the Premises and participation in the activities of the Campground, and I voluntarily, knowingly, and freely assume all risks associated with participating in the activities of the Campground and entering the Premises, including, but not limited to the Campground owners, officers, coordinators, directors, managers, staff, volunteers, or visitors), falls, injuries, illnesses, infections, contact with others (including but not limited to the Campground owners, officers, coordinators, directors, managers, staff, volunteers, or visitors), navigating any and all obstacles and any defects of the premises.***
3. ***I represent and warrant to the Releasees that I am in good physical condition, am able to safely participate in the activities of the Campground and have no medical condition that would make my participation in the activities of the Campground more hazardous.***
4. ***I consent to medical care and transportation in order to obtain treatment in the event of injury to me as the Campground owners, officers,directors, managers, staff, volunteers or other medical professionals may deem appropriate and understand that this Waiver extends to any liability arising out of or in any way connected with such medical treatment or transportation.***
5. ***I understand and agree that I am expected to exhibit appropriate behavior at all times while I am attending the Premises and while I'm participating in the activities of the Campground to obey all local,state, and federal laws, both criminal and civil. This includes, generally ,respect for other people, equipment, facilities or property. I hereby and forever release, waive, discharge and covenant not to sue the Releasees for any injury or damage to me, my personal representatives, assigns, heirs and next of kin, for any claims, causes of action, obligations, lawsuits, charges, complaints, controversies, damages, costs or expenses of whatsoever kind, nature, or description, whether direct or indirect, present or future, in law or in equity, in contract or in tort, or otherwise, whether known or unknown, arising out of or connected with my (or my minor/ward's) participation in the activities of the Campground or while attending the Premises, howsoever caused, including, but not limited to being caused by the negligence of the Releasees.***
6. ***I understand and agree that I may not bring weapons or illegal substances to the Premises.***
7. ***I understand and agree that the Releasees are not responsible for any personal item or property that is lost, damaged or stolen while I am participating in the activities of the Campground or on the Premises.Additionally, I agree to indemnify the Releasees from any and all third party claims, howsoever arising, for any loss, liability, damage or cost they might incur, including, but not limited to, claims arising in whole or in part by my negligent or intentional acts or omissions while participating in the activities of the Campground or attending the Premises..***
8. ***I recognize and acknowledge that there are hazards and risks of physical injury or illness to myself in attending the Premises and participating in the activities of the Campground and that not all such hazards or risks can be fully eliminated. I freely and voluntarily agree to assume the full risk of death, bodily injury or property damage, regardless of severity, that I (or my child/ward) may sustain as a result of my participation in the activities of the Campground or attendance at the Premises, howsoever arising, including, but not limited to, the active or passive negligence of the Releasees.***

Parent/Guardian/Emergency Contact's Initials _____



**THE 2019 NOVEL CORONAVIRUS (COVID-19)
ACKNOWLEDGEMENT AND ASSUMPTION OF RISK**

9. I am currently not experiencing COVID 19 symptoms nor have I had COVID-19 symptoms in the last 14 days.

Initials _____

10. I have not travelled outside of the United States or in an area under a travel health advisory in the last 14 days. Initials _____

11. I have not provided care or had close contact with any person with COVID-19, or with any person reasonably suspected of having COVID-19, or with any person who travelled outside of the United States of America in the last 14 days, or with any person who travelled in an area under a travel health advisory in the last 14 days. Initials _____

12. I represent and warrant to the Releasees that I have not been advised by the Government of the United States of America, the CDC, any certified health personnel, the Texas Department of Health website, or any state or federal United States government entities/officials to self-isolate due to possible exposure to COVID-19. Initials _____

13. I am fully aware of the risks and hazards with respect to COVID-19 inherent in my attendance at the Premises and participation in the activities of the Campground. Initials _____

14. I freely and voluntarily agree to assume the risk with respect to COVID-19, including the risk of death, bodily injury or property damage, regardless of severity, that I (or my child/ward) may sustain as a result of my participation in the activities of the Campground or attendance at the Premises, howsoever arising, including, but not limited to, the active or passive negligence of the Releasees. Initials _____

Parent's/Legal Guardian's Signature	Date	Camper's Signature (over 18)	Date