

CAMPING MINISTRY

Staff Information

Staff Staff in Training

Please select the camp/camps or retreat you are applying to work

Mail this form to

CAMP REGISTRATION
P.O.Box 1188
Missouri City, TX 77459

APPLYING TO SERVE AT



CHILDREN'S CAMP
Dates

June 11 - 15
Director

Amy Vanterpool
(832) 496-8321
amyv8321@gmail.com



YOUTH CAMP
Dates

June 25 - 29
Directors

TC & April Villalobos
(281) 831-6049
apvillalobos13@gmail.com



YOUNG ADULT CAMP
Dates

September 4 - 7
Directors

Stephen & Deidra Renfrow
(903) 220-8340
dreedra@gmail.com

Staff Name (First, Last) _____

Address _____

City _____ State _____ Zip _____ Circle One: Single Married Widowed Divorced

Home Phone () _____ Cell Phone () _____

Name of Church You Currently Attend _____ City of Church _____

Pastor's Name _____ Pastor's Phone () _____

Gender: (Circle One) Male Female Date of Birth (Month/Day/Year) / / Age _____

E-Mail Address _____ Facebook (Circle One) Yes No

Saved Sanctified Holy Ghost Baptized Church Member
YES NO YES NO YES NO YES NO YES NO

Please check Yes or No

Do you accept the Bible as the word of God? Yes No

Do you strive to live a lifestyle that reflects Christ inwardly and outwardly? Yes No

Does your "Digital Social Network" reflect Christ? Yes No

Will you abide by the rules, guidelines and policies of Camp Lost Pines? Yes No

Are you willing to assume any responsibilities that you may be assigned? Yes No

Are you willing to put the needs of the camp/retreat ahead of your own? Yes No

Are you physically fit for total participation in the camp/retreat program? Yes No

Can you be on time and stay until released from your duties? Yes No

If you are under 18 will you be attending your camp? Yes No N/A

Will you be able to attend any pre-camp training seminars or meetings? Yes No

Have you ever been convicted of a crime? Yes No

If yes please explain: _____

Please list two references
OUTSIDE your immediate family.

1. _____

Phone: _____

2. _____

Phone: _____

T-Shirt Size (circle one)

Adult: S M L XL 2X 3X

Check duties held in previous camps: Cabin Leader Music Night Watchman Dean
 Recreation Maintenance Evangelist Crafts Lifeguard Teacher Cook
 Snack Shack Secretary Head Cook Fun Time Nurse (RN or LVN Circle)

Other (Please Specify): _____ Position Preference: _____

Reason for Preference: _____

Why do you want to work camp/retreat? _____

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 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 _____

Parent /Guardian Signature (if younger than 18) _____ Date _____

Camp Lost Pines *Camp phone: 979-242-3360* 6047 Highway 77, PO Box 58 Warda, TX 78960 *Coordinators: Buster & Terry Robinson* buster_terry@hotmail.com*
Coordinators phone: 254-631-5666

Staff Emergency/Insurance Information

Staff Name: _____

Emergency Information (Please attach a copy of your insurance card.)

Insurance Company: _____ Insurance ID #: _____

Insurance Phone #: _____ Medicaid /Medicare #: _____

I do not have any Health Insurance.

Emergency Contact:

Name: _____ Relationship: _____

Phone #: _____ Cell: _____

Medical Information

Recent Operations: _____

Other Medical Conditions or Special Needs (including dietary needs) _____

Physical Limitations: _____

Medications Currently Taking: _____

For Staff Under 18 Only.

Is staff 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.

I do NOT give permission for my child to receive over the counter medications such as Tylenol, Advil, etc. by the camp nurse.

Please check any of the following conditions that are applicable.

Rheumatic Fever Tuberculosis Diabetes Heart Trouble Convulsions Fainting Asthma Sleepwalking

Kidney Trouble ADD/ADHD Recent Illness Serious Ivy/oak/sumac poisoning

Allergic Reactions to: Bee/Wasp Stings Penicillin Food Other: _____

Medical Consent

The medical release must be signed by the person legally responsible for the staff. In the event your child/staff 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 give 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'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, these are cases for which the camp insurance is not responsible. It is understood by the camp administration that medical information provided is private according to 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: _____

Important Staff Information

- It is a requirement of the Texas DHS that every staff member receives Child Protection Training every two years; 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 director of the camp for which you are applying to work.
- 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. **This 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 appropriate director.

Office Use Only

Date Application Received: _____ Date Pastor's Endorsement Received: _____ Background Check Date: _____

Memo/Comments: _____ Cleared: Yes No