



# Camp Lost Pines

## Staff Applicant's Information

Staff  Staff in Training

Please select the camp for which you are applying to serve, and email this form to [camp@txcogop.com](mailto:camp@txcogop.com).

### YOUTH CAMP

JUNE 7 - 10  
D.J. & Adriana Kennealy  
djluvz80@live.com

### BIG SHOTS

JUNE 14 - 17  
Maeghan & Andrew Spainhower  
mksnow1993@gmail.com

### 412 KIDS

JUNE 21 - 24  
Amy Vanterpool  
amyv8321@gmail.com

### C&C Weekend

JUNE 29 - JULY 2  
Andrea & Gregg Taylor  
camp@txcogop.com

Name (First, M. Last):

Address:

City: State: Zip: Gender: Male/ Female

Cell: ( ) Alternate: ( )

Church You Attend: Location:

Pastor's Name: Pastor's Phone: ( )

DOB: / / Circle One: Single Married Divorced Widowed

<b>Saved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Sanctified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Holy Ghost:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Baptized:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>COGOP Member:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Carefully read and answer the following:

	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 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 emailed 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\_\_\_\_\_

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.):**

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> Yes, I have health insurance.   | Insurance Company: |
| <input type="checkbox"/> No, I do not have health insurance.<br>(Please Attach a Copy of Your Insurance Card.) | Insurance Phone #: |

- |                                      |                   |                |
|--------------------------------------|-------------------|----------------|
| <input type="checkbox"/> Medicare #: | Insurance Group # | Insurance ID#: |
| <input type="checkbox"/> 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:**

<p><b>Allergic Reactions:</b></p> <p><input type="checkbox"/> <b>Bee/ Wasp</b></p> <p><input type="checkbox"/> <b>Penicillin</b></p> <p><input type="checkbox"/> <b>Food:</b></p> <p><input type="checkbox"/> <b>Other:</b></p>	<p><input type="checkbox"/> <b>Asthma</b></p> <p><input type="checkbox"/> <b>Diabetes</b></p> <p><input type="checkbox"/> <b>Heart Trouble</b></p> <p><input type="checkbox"/> <b>Kidney Trouble</b></p>	<p><input type="checkbox"/> <b>Sleepwalking</b></p> <p><input type="checkbox"/> <b>Convulsions</b></p> <p><input type="checkbox"/> <b>Tuberculosis</b></p> <p><input type="checkbox"/> <b>Fainting</b></p>	<p><input type="checkbox"/> <b>Recent Illness</b></p> <p><input type="checkbox"/> <b>Rheumatic Fever</b></p> <p><input type="checkbox"/> <b>Serious Ivy/Oak/Sumac Poisoning</b></p> <p><input type="checkbox"/> <b>ADD/ADHD</b></p>
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**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 (HIPAA). 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: \_\_\_\_