



# Oklahoma Fall Youth Retreat Staff Application

Camp Big Cedars  
A Church of God of Prophecy Ministry  
Regional Office: (918) 251-9667 Fax: (888) 285-1732

Camp Web-

October 4th-6th, 2019 Ages: 13-30

Mail Application To: Directors Loyd & Jessie Collins  
16602 S. 203rd E. Avenue  
Broken Arrow, OK 74014

Phone: 918-232-2175 Email: [loyd.collinsjr@heartlandcogop.org](mailto:loyd.collinsjr@heartlandcogop.org)

### NOTICE OF REQUIRED ACTIONS:

- \* Mail or Email Application with all supporting documents directly to the Directors of the Camp for which you are applying.
- \* The Declaration of Good Moral Character and Camping Ministry Covenant **MUST** be included with this Staff Application.
- \* **NO ONE** may serve as Camp Staff without a **Pastor's Endorsement**.

## General Information

Name: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Marital Status: Single \_\_\_ Married \_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Present Age: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Camp You Would Like To Work In: \_\_\_ Senior \_\_\_ Intermediate \_\_\_ Junior  
 Church You Attend: \_\_\_\_\_  
 Pastor: \_\_\_\_\_ Pastor's Phone:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you physically fit to participate in camp? \_\_\_\_\_ Are you willing to attend Staff Training Sessions? \_\_\_\_\_ Are you willing to be at camp on time and stay until Director releases you from duty? \_\_\_\_\_ Will you agree to abide and promote camp rules? \_\_\_\_\_ Is this your first camp to work as staff? \_\_\_\_\_ Please list prior experience: \_\_\_\_\_

Why do you want to work in Youth Camp? \_\_\_\_\_

Who to contact in case of emergency: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Have you ever been charged with a crime against children? \_\_\_ Yes \_\_\_ No (If Yes, please explain fully on a separate sheet of paper.)  
 Have you ever been charged with a felony? \_\_\_ Yes \_\_\_ No (If yes, please explain fully on a separate sheet of paper.)  
 Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No (If yes, please explain fully on a separate sheet of paper.)  
 Are you willing to allow a background check to be done? \_\_\_ Yes \_\_\_ No

## Statement of Certification and Understanding

I certify that all the information provided on this application is accurate to the best of my knowledge. I have read and understand the camp rules and regulations, and also understand that by signing this application I am agreeing to abide by those rules. I understand that failure to do so could result in dismissal from camp. I also agree that the Church of God of Prophecy (local, regional, and international offices), and its officers, servants, or staff shall not be held responsible for damages for any accident or sickness involving me.

Staff Applicant: \_\_\_\_\_ (If Under 18) Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Site: [www.campbigcedars.com](http://www.campbigcedars.com)

Regional Website: [www.heartlandcogop.org](http://www.heartlandcogop.org)

Regional Email: [office@heartlandcogop.org](mailto:office@heartlandcogop.org)

Camp Big Cedars: 32084

# Medical Information

\*\*\*\*\* PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD \*\*\*\*\*

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Please indicate with a check mark any of the following medical problems that apply to the camper. If it is a current problem, please provide date of the most recent occurrence; if a past problem, approximate date.

Rheumatic Fever	TB
Diabetes	Heart Trouble & Related Problems
Asthma	Ivy, Oak Sumac Poisoning
Convulsions	Fainting
Sleep Walking	Kidney Trouble
Recent Illness	Other:

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergic Reactions to: \_\_\_\_\_

Most Recent tetanus shot: \_\_\_\_\_ Blood Type \_\_\_\_\_

List any Medications to be administered at camp to be taken on a regular basis:

\_\_\_\_\_ Treating \_\_\_\_\_ Frequency \_\_\_\_\_  
 \_\_\_\_\_ Treating \_\_\_\_\_ Frequency \_\_\_\_\_  
 \_\_\_\_\_ Treating \_\_\_\_\_ Frequency \_\_\_\_\_

(Use another sheet of paper if necessary)

Camper is under the care of a physician for the following reasons: \_\_\_\_\_

List any dietary restrictions: (No special meals are provided, but we will inform our staff of camper's restrictions to help them choose allowed foods from our regular menu. \_\_\_\_\_

Physical restrictions, or activities not allowed: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

**NOTE:** Medications must be in original container & administered by camp medical staff - NO EXCEPTIONS!

**MEDICAL and MEDIA CONSENT:** In case of an emergency, I understand that every effort will be made to contact me (parent or guardian). In the event I cannot be reached, I hereby give permission to the Camp Director, Camp Nurse, and physicians selected by the camp to secure proper treatment for, to administer "over-the-counter" (OTC) or prescription medications, to hospitalize, order injection, anesthesia, and/or surgery for the camper. I understand that my insurance has the primary responsibility of payment should my child need treatment. The camp insurance is secondary. I understand that all medications, including OTC must be administered by the camp medical personnel and that medications will be collected at time of registration. I certify that all the information provided on this application is accurate to the best of my knowledge. I have read and understand the camp rules and regulations, and also understand that by signing this application I am agreeing to abide by those rules. I understand that failure to do so could result in dismissal from camp. I also agree that the Church of God of Prophecy (local, regional, and international offices), and its officers, servants, or staff shall not be held responsible for damages for any accident or sickness involving my child.

\*\*\*I hereby agree that my child/ward may participate in all camp activities including travel off the property. I give my permission for Camp Big Cedars administration to use images and recordings of my child/ward (including social media or website use) without further compensation. I also agree to hold harmless Camp Big Cedars, its staff, and volunteers from any and all liabilities, claims, demands, and causes of action whatsoever, which may arise due to the participation of myself, or my child/ward in said activities. If you have any questions/concerns, contact your camp directors via phone or email prior to camp.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature (If 18+) \_\_\_\_\_ Date \_\_\_\_\_

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 FOR OFFICE USE ONLY

Application: Date Received \_\_\_\_\_

**Pastor's Endorsement: Date Received \_\_\_\_\_ Pastor Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No**

Staff Acceptance Signature \_\_\_\_\_ Date \_\_\_\_\_



**Section 16**

# Camping ministry covenant

## The Meaning of This Covenant:

I understand that a covenant is a promise, that it is not merely a mutual acquaintance but a commitment to responsibility and action.

### Acknowledgment of What Camp Ministry Looks Like:

Church of God of Prophecy Camping Ministries believe that ANY PERSON WHO PARTICIPATES IN ANY FORM OF SERVICE TO THIS BODY, NO MATTER HOW MENIAL IT MAY APPEAR TO BE, IS INVOLVED IN MINISTRY LEADERSHIP. WE FURTHER BELIEVE THAT God intended THESE MINISTRIES be carried out in the spirit of a servant. Although our talents, personalities, and gifts may vary, Scripture clearly teaches a leadership style that is uniquely Christian. It has been given to us by the Lord of the church. Jesus has demonstrated this leadership style and commanded us to do likewise.

*"Do nothing from selfish or empty conceit, but with humility of mind let each of you regard one another as more important than himself; do not merely look out for your own personal interests, but also for the interests of others. Have this attitude in yourselves which was also in Christ Jesus, who, although He existed in the form of God, did not regard equality with God a thing to be grasped, but emptied Himself taking the form of a bond-servant, being made in the likeness of men. And being found in appearance as a man, He humbled Himself by becoming obedient to the point of death, even death on a cross." Philipians 2:3-8 (NASB).*

Servant leadership is much more than a leadership style we act out and master like other management styles. Servant leadership begins with the heart, with our attitude, and with our motives. A servant-leader can be characterized by submission, love, compassion, persistence in the pursuit of God's will, and self-sacrifice. Reflections from Scripture on servanthood are the following: Philipians 2:3-8; John 6:38-40; 15:12,13; 17; and 1 Corinthians 13.

### Accepting the Responsibility of Modeling a Biblical Lifestyle: Code of Ethics:

I understand that consistent modeling requires diligence in the pursuit of the biblical lifestyle. There are some things that we can do to renew ourselves from the inside-out. There is a need to "keep short accounts with God" (confession). We must be sensitive to sin so that we can easily identify it and recognize its presence in our own lives. We must immediately go to God and ask forgiveness.

### Believing that God is calling me to serve children or youth through Camping Ministries, I will do the following:

- My first priority as a Camp Staff member, teaching/supervising/leading children or youth, will be to seek the welfare of the children/youth physically, socially, educationally, and spiritually.
- **I will also try to understand and respect the child's/youth's cultural backgrounds.**
- I will not do anything that will damage a child's/youth's trust. I will try to protect the child/ youth from all forms of abuse while he or she is in my care.
- If I suspect that a child/youth may be hurt by the abusive actions of attitudes of another person, I will report that suspicion to a responsible person so that it can be investigated properly.
- I will answer a child's/youth's questions openly and honestly.
- I will expect the children/youth to act on the basis of camp guidelines, and if a child/youth consistently breaks them, I will seek help from Deans, Directors and others to assist me in responding to the child/youth.
- If a child/youth is distressed, I will try to offer comfort and help. I will encourage the child/youth to find the appropriate help for their needs.
- I will pray for each child/youth and let them know that I care about them.
- I understand that if my character or morals should be inappropriate and/or criminal at any time during my volunteer service, my service will be terminated without expressed cause or prior notice, regardless of other oral or written statements prior to, at, or following the date of volunteer service.
- I have read, and am willing to comply with all guidelines and policies set forth in the Heartland America Camp Staff Manual, including the verbal and written policies that are particular for each camping facility. I will honor the leadership of those who have oversight of the particular camp in which I will be serving as a member of the Camp Staff.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

## DECLARATION OF GOOD MORAL CHARACTER

I, \_\_\_\_\_, a candidate to serve as volunteer in the Camping Ministries of the Church of God of Prophecy, hereby attest, under penalty of perjury, that I am of good moral character, and that I have not been found guilty of, regardless of adjudication, or entered a plea of *nolo contendere* or guilty to, any criminal in my country of origin, or under any similar statute of in the United States of America. I also attest that I do not have a delinquency record that is similar to any of these offenses relating to:

1. Murder, manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child, vehicular homicide, or killing of an unborn child by injury to the mother.
2. Aggravated battery or aggravated assault, or simple battery or assault of a minor.
3. Kidnapping, false imprisonment or removing minors from the state or concealing minors contrary to court order.
4. Sexual battery.
5. Prostitution.
6. Lewd and lascivious behavior and indecent exposure.
7. Arson.
8. Incest.
9. Child abuse, aggravated child abuse, neglect of a child, negligent treatment of children, contributing to the delinquency or dependency of a child, and sexual performance by a child.
10. Obscene literature.
11. Adult abuse, neglect or exploitation of aged persons or disabled adults.
12. Drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
13. Fraudulent sale of controlled substances, only if the offense was a felony.
14. Forcible felony.
15. Assault, if the victim of the offense was a minor.
16. Battery, if the victim of the offense was a minor.
17. Abuse, aggravated abuse, or neglect of an elderly person or disabled adult, lewd or lascivious offenses committed upon or in the presence of an elderly person, or disabled adult and exploitation of an elderly person or disabled adult, if the offense was a felony.
18. Theft, robbery, and related crimes, if the offense is a felony.

I understand that I must acknowledge the existence of any records relating to the foregoing list of offenses regardless of whether those records have been sealed or expunged. I also understand that I am also obligated to notify the Heartland America Regional Office of the Church of God of Prophecy of any possible disqualifying offenses that may occur while employed/volunteering in a position subject to the screening requirements.

I further attest that I have not been judicially determined to have committed abuse, neglect, or exploitation against a child nor has there been a confirmed report of abuse, neglect or exploitation which has been uncontested or upheld. I have not committed an act which constitutes domestic violence.

I hereby release and agree to hold harmless from liability any person(s) or organization(s) who in good faith, provides information to complete a background investigation. I also agree to release and hold harmless the Church of God of Prophecy, the Regional Overseer, Ministry Directors or any other church member from any present or future claim of any kind resulting from any alleged liability for conducting a background investigation which may include, but not limited to, criminal courts, state and county repositories of criminal records.

Under the penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Witness Signature (Must Be 18 Yrs of Age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (Must Be 18 Yrs of Age)

\_\_\_\_\_  
Date