



# Oklahoma Youth Camp Staff Application

## Big Cedars Camp

A Church of God of Prophecy Ministry

(Mail Application directly to the Director of the Camp for which you are applying.)

### SENIOR CAMP:

Loyd & Jessie Collins  
16602 S 203rd E Ave  
Broken Arrow, OK 74014  
(918) 232-2175  
loyd.collinsjr@heartlandcogop.or

### INTERMEDIATE CAMP:

Darrell & Jana Phillips  
9482 CR 3480  
Ada, OK 74820  
(580) 272-3808  
darrell.phillips@heartlandcogop.org

### JUNIOR CAMP:

Matt & Chrishan Cooley  
16478 CR 3490  
Ada, OK 74820  
(580) 332-5685  
matt.cooley@heartlandcogop.org

This Application and Pastoral Endorsement will be evaluated and then a response will be sent to the applicant.

## 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: Junior  Intermediate  Senior

Church You Attend: \_\_\_\_\_

Pastor: \_\_\_\_\_ Pastor's Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you physically fit to participate in camp? \_\_\_\_\_ Are you willing to participate in 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.

Signed:

Camper Applicant: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Medical Information

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:

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

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

Medications taken on a regular basis:

_____	Treating _____	Frequency _____
_____	Treating _____	Frequency _____
_____	Treating _____	Frequency _____

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

**NOTE: Medications must be in original container & administered by camp medical staff no exceptions!**

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

**MEDICAL 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.

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

Camper's Signature (If over 18) \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

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

Pastor's Recommendation Received: Date \_\_\_\_\_

Background Check: Date \_\_\_\_\_

Director \_\_\_\_\_