



# Oklahoma Youth Camp Staff Application

## Camp Big Cedars

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

Mail or Email Application directly to the Directors of the Camp for which you are applying.

**SENIOR CAMP: June 8-13, 2015 (Ages: 13-18)**

Directors: Loyd & Jessie Collins  
16602 S. 203rd E. Avenue  
Broken Arrow, OK 74014  
(918) 232-2175

Email: loyd.collinsjr@heartlandcogop.org

**INTERMEDIATE CAMP: June 15-20, 2015 (Ages: 10-12)**

Directors: Darrell & Jana Phillips  
9482 CR 3480  
Ada, OK 74820  
(580) 272-3808

Email: darrell.phillips@heartlandcogop.org

**JUNIOR CAMP: June 22-27, 2015 (Ages: 7-9)**

Directors: Matt & Chrihan Cooley  
16252 CR 3490  
Ada, OK 74820  
(580) 310-5061

Email: matt.cooley@heartlandcogop.org

Please include the following with this application: **Declaration of Good Moral Character and Camping Ministry Covenant**

### 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 \_\_\_\_\_

# 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 \_\_\_\_\_  
 \_\_\_\_\_

**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 \_\_\_\_\_

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

-----  
**FOR OFFICE USE ONLY**

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

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

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