

**Mail To:**

Virginia Church of God of Prophecy

Attn: Camping Ministries

P.O. Box 158

Troutville, VA 24175

CAMP LOWMAN VOLUNTEER STAFF APPLICATION

**APPLICATION PROCESS**

* Your application will be forwarded to the appropriate Camp Director. Each Director will contact their respective workers. Questions? Contact us at 540-992-3696 . This application will be treated with complete confidentiality by the Virginia COGOP Camping Ministries. All staff members must:

1. Complete this application in its entirety and return it to Camping Ministries by **March 31.** Directors begin staffing camps months ahead, the sooner your application is received, the better your chances of being asked to work as staff in a camp. Worker T-shirts will be provided to staff submitting applications by 03/31/2020.
2. Have your pastor complete and return the enclosed reference form to the camp office.
3. Complete the COGOP consent to perform a history background check and sign and date all
4. MAIL YOUR COMPLETED APPLICATION TO: VACOGOP Attn: Camping Ministries, P.O. Box 158 Troutville, VA 24175
5. Staff must attend or complete online the camp staff training to work.

PLEASE CHECK ALL THE CAMPS OR RETREATS YOU WOULD LIKE TO WORK:

\_\_\_\_\_ Spring Retreat \_\_\_\_\_ Hot Shot \_\_\_\_\_ Voyager \_\_\_\_\_ Teen \_\_\_\_\_Girl’s Weekend \_\_\_\_\_ Boys Weekend

Apr 24-26 (Ages 13-18) Jun 11-13 (Ages 5-8) Jun 16 -20 (Ages 9-12) Jun 22-27 (Ages 13-18) Aug 7-9 (Ages 13-18) Aug 21-23 (Ages 13-18)

Jeremy & Laura Baldwin JD & Mary Chapman Melinda Kay Ray & Nikki Burton Angie Lucas Jeremy & Laura Baldwin

**PERSONAL INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME & MIDDLE NAME LAST NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS CITY, STATE, ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE DATE OF BIRTH

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **O** MALE **O** FEMALE | TSHIRT SIZE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAYTIME PHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL

HAVE YOU COMPLETED THE WIT PROGRAM ? **O** YES **O** NO DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHOOSE TWO OF THE FOLLOWING POSITIONS WITH A 1 FOR FIRST CHOICE AND A 2 FOR SECOND CHOICE:

\_\_\_\_ CABIN LEADER \_\_\_\_ ASSISTANT CABIN LEADER \_\_\_\_ SNACK STAND \_\_\_\_ MEDIA TEAM

\_\_\_\_ CERTIFIED LIFEGUARD \_\_\_\_ NURSE’S ASSSITANT/EMT \_\_\_\_ CRAFTS \_\_\_\_ KITCHEN

\_\_\_\_ REGISTERED NURSE \_\_\_\_ RECREATION \_\_\_\_ DEAN \_\_\_\_ OTHER

\_\_\_\_ TEACHER \_\_\_\_ CUSTODIAL \_\_\_\_ OFFICE AIDE

**MEDICAL INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL DISABILITIES/LIMITATIONS/ILLNESSES OTHER MEDICAL CONCERNS/ALLERGIES

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NAME/RELATIONSHIP EMERGENCY CONTACT PHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCTORS NAME DOCTORS PHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE COMPANY POLICY NUMBER

IF YOU HAVE MEDICAL INSURANCE, PLEASE BE SURE TO BRING YOUR INSURANCE CARD, OR A COPY TO CAMP WITH YOU ALONG WITH CO-PAY INFORMATION.

**SPIRITUAL HISTORY/INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT CHURCH ARE YOU A PART OF? HOW LONG HAVE YOU ATTENDED THIS CHURCH?

ARE YOU A MEMBER AT YOUR LOCAL CHURCH? O YES O NO

ARE YOU SAVED? O YES O NO

ARE YOU SANCTIFIED? O YES O NO

HAVE YOU RECEIVED THE BAPTISM OF THE HOLY GHOST? O YES O NO

DO YOU ATTEND CHURCH REGULARLY? O YES O NO

ARE YOU FAITHFUL IN SUPPORTING YOUR CHURCH AND CHURCH ACTIVITIES? O YES O NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW LONG HAVE YOU BEEN A BELIEVER? CURRENT LEADERSHIP POSITIONS?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT MINISTRIES HAVE YOU BEEN INVOLVED WITH? WHAT EXPERIENCE DO YOU HAVE WORKING WITH CHILDREN? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHY WOULD YOU LIKE TO WORK IN A VIRGINIA YOUTH CAMP?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT ARE YOUR STRENGTHS AND WEAKNESSES?

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DESCRIBE YOUR PRESENT RELATIONSHIP WITH GOD.

**QUALIFICATIONS**

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WHAT KIND OF SKILLS, TALENTS, AND INTERESTS DO YOU HAVE?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT IS YOUR OCCUPATION/HIGHEST GRADE LEVEL COMPLETED?

DO YOU HAVE FIRST AID TRAINING/CERTIFICATION? O YES O NO

DO YOU HAVE SERVE SAFE KITCHEN TRAINING? O YES O NO

ARE YOU A CERTIFIED LIFEGUARD? O YES O NO

WILL YOUR CHILD BE A CAMPER THE SAME WEEK YOU WORK CAMP? O YES O NO

WOULD YOU LIKE THEM IN SAME CABIN IF YOU ARE A CABIN LEADER? O YES O NO

WOULD YOU PREFER TO ROOM WITH STUDENTS FROM YOUR LOCAL CHURCH ? O YES O NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENTS FROM YOUR LOCAL CHURCH YOU WOULD LIKE TO ROOM WITH

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU BEEN A PART OF CAMP BEFORE? HOW WAS YOUR EXPERIENCE?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DID WE MISS SOMETHING? TELL US!

T-SHIRT SIZE: CIRCLE ONE – SMALL MEDIUM LARGE X-LARGE 2XL 3XL

*While no one is rejected to work or attend Camp Lowman on the basis of race, color, or creed, the Church of God of Prophecy State Offices and camp officials reserve the right to accept or reject any application for volunteers at camp after review of said application reveals the service of the applicant would not be in the best interest and success of the camp. Investigation will be made as to the applicant’s character, reputation, personal characteristics, and adaptability. All applicants are required to undergo training provided by the Virginia COGOP Camping Ministries.*

VA COGOP CAMPING MINISTRIES | 540.992.3696 | CAMPLOWMAN@VACOGOP.ORG | [WWW.VACOGOP.ORG](http://WWW.VACOGOP.ORG)

In consideration of volunteer’s relationship with Camp Lowman, LLC as a volunteer, Camp Lowman, LLC’s acceptance of volunteer as a volunteer, the mutual promises and covenants hereinafter set forth, and other good and valuable consideration, the receipt and sufficiency of which the parties hereto acknowledge, the parties agree as follows:

1. **Acknowledgements**. Volunteers acknowledges that in his/her capacity as a volunteer for Camp Lowman, LLC, he/she may have the opportunity to come aware of confidential information concerning the financial gifts of members and staff, operational activities of Camp Lowman, LLC, and/or other information of a private, sensitive, or privileged information. Volunteer further acknowledges that he/she is aware that all such information must be held in the strictest confidence and is vital to the continuing success of Camp Lowman, LLC, and that dissemination of it could result in significant damage to Camp Lowman, LLC.
2. **Confidentiality**. Volunteer shall not, directly or indirectly, use or divulge anything he/she learns or experiences during his/her service as a volunteer of Camp Lowman, LLC that is Confidential Information, as defined below, nor divulge identifying information regarding the members, staff, or operations of Camp Lowman, LLC or related individuals or entities, except where such use or divulging is required by law. Volunteer shall take, or cause to be taken, all responsible precautions necessary to maintain secrecy and confidentiality of Confidential Information and shall use his/her best endeavors to prevent disclosure of Confidential Information to persons not authorized to receive such information.
3. **Confidential Information**. “Confidential Information” included all data, materials, knowledge, and information generated through, originating from, disclosed by, provided by, or having to do with, Camp Lowman, LLC or persons associated with its activities, including volunteers, regardless of whether it has been or will be provided before or after the date of this agreement, including, but not limited to, any know-how, ideas, concepts, technology, sales information, budgetary information, salary information, processes, members’ details, dealings with members, marketing plans, intellectual property, statements, forms, designs, documents, printed matter, policies and procedures, conversations, messages (received or transmitted), resources, contacts, e-mail lists, e-mail messages, and data concerning business operations, prices, current projects, customers, markets, suppliers, transactions, and finances of Camp Lowman, LLC. **Confidential Information** does not include information: that comes into the public domain other than through a breach of confidentiality by Volunteer or that is already in Volunteer’s possession prior to the commencement of volunteer activities.
4. **Venue**. This agreement applies to all Volunteer’s activities as a volunteer associated with Camp Lowman, LLC, wherever located.
5. **Breach**. Any disclosure, copying or transmitting of any Confidential Information, whether intentional or unintentional, shall subject Volunteer to dismissal from his/her volunteer position, legal liability, and/or prosecution under any applicable laws, in addition to all other remedies available at law. Volunteer agrees to and acknowledges that the Confidential Information is of a proprietary and confidential nature and that any disclosure of the Confidential Information to a third party in breach of this Agreement would cause irreparable and continuing injury to Camp Lowman, LLC that is not adequately compensable in monetary damages or at law. Accordingly, volunteer agrees that, upon breach or threatened breach of this Agreement, Camp Lowman, LLC may obtain (1) an injuction restraining Volunteer and any agents of Volunteer from directly or indirectly committing or engaging in any act restricted by this agreement in relation to the Confidential Information and (2) other injuctive relief, in addition to all other rights and remedies available at law.
6. **Survival**. To the fullest extent permitted by law, Volunteer’s obligations to ensure and protect the confidentiality of the Confidential Information set forth in this Agreement shall survive the expiration, rescission, or termination, as the case may be, of this agreement and shall survive the termination of the relationship between Volunteer and Camp Lowman, LLC and the termination of Volunteer’s service to Camp Lowman, LLC.
7. **Applicable Law**. This agreement will be governed by the laws of the State of Virginia, without regard to its conflicts of laws principles. Volunteer and Camp Lowman, LLC expressly consent to the personal jurisdiction of the State and Federal courts located in the State of Virginia for any lawsuit filed there arising from Volunteer’s volunteer activities
8. **Status of Volunteer**. This agreement does not create an employment relationship between Volunteer and Camp Lowman, LLC. Volunteer acknowledges that this agreement is a volunteer agreement, not an employment agreement.



VOLUNTEER CONFIDENTIALITY AGREEMENT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18) DATE

I hereby acknowledge, on behalf of myself and the Minor Children, that the activities offered by Camp Lowman, LLC its parents, subsidiaries, affiliated companies, employees, agents and assigns (collectively, the "Company") including but not limited to campfires, sports, dodge ball, swimming, paintball, archery, fitness training or any other gathering or activity organized and/or offered by the Company (collectively, the "Activities") entail known inherent risks as inherently dangerous activities and unknown risks that could result in property damage or physical or emotional injury, including but not limited to broken bones, sprained or torn ligaments, paralysis, death or other bodily injury, to myself, the Minor Children and/or third parties. Additionally, I, on behalf of myself and the Minor Children: (i) expressly accept and assume all of the risks associated with the Activities; and (ii) acknowledge that I/we are participating in the Activities voluntarily in spite of the risks.

I hereby represent and warrant, on behalf of myself and the Minor Children, that I/we are fit to participate in the Activities and that such participation will not endanger myself/him/her or others. The Company reserves the right to decline to accept or to retain any person as should such person’s health, medical condition, physical infirmity or general deportment impede the operation of the Company and the Activities or impair the rights, welfare, or enjoyment of the other guests of the Company. The Company reserves the right to cancel, advance, postpone or deviate from and alter the itinerary for the Activities at any time and without prior notice.

I agree, for myself and on behalf of the Minor children, to forever indemnify, defend and hold harmless the Company, the manufacturer(s) and supplier(s) from and against any and all losses, claims, damages, causes of action, expenses, injuries, liens or demands (collectively, the “Losses”) arising from or in connection with each participant’s conduct, whether such conduct is negligent, willful, direct or indirect, except to the extent that such Losses are directly caused by the gross negligence or willful misconduct of Company.

I agree, for myself and on behalf of the Minor Children, that under no circumstances, including negligence, shall Company, the manufacturer(s) and/or supplier(s) be liable to me, the Minor Children, my heirs or assigns, or any other participant, or any Minor Child's heirs or assigns, for any direct, indirect, incidental, special or consequential damages including lost profits, personal injury (including death) and property damage of any nature whatsoever resulting from my/our participation in the Activities or from my/our presence at the Company's facility.

By accepting and signing this Participation Contract, I hereby agree to the use of my name, voice and/or likeness and the use of the name, voice and/or likeness of the Minor Children, including but not limited to the use of photography or videos taken while at the Company facility, for the purpose of advertising, trade, or promotion in any media now or hereafter throughout the world in perpetuity for advertising and publicity purposes, without additional review, further compensation, permission or approval unless prohibited by law.

I HEREBY ACKNOWLEDGE AND AGREE, ON BEHALF OF MYSELF AND THE MINOR CHILDREN, THAT THIS PARTICIPATION CONTRACT IS GOVERNED BY THE LAWS OF THE COMMONWEALTH OF VIRGINIA AND ALL DISPUTES ARISING IN CONNECTION WITH OR INCIDENT TO PARTICIPATION SHALL BE LITIGATED, IF AT ALL, ONLY IN THE COMMONWEALTH OF VIRGINIA, TO THE EXCLUSION OF THE COURTS OF ANY OTHER STATE. I HEREBY WAIVE ANY VENUE, PERSONAL JURISDICTION OR OTHER OBJECTION THAT I MAY HAVE TO SUCH ACTION OR PROCEEDING BEING BROUGHT IN ANY COURT LOCATED IN THE COMMONWEALTH OF VIRGINIA. IN THE EVENT ANY PORTION OF THIS PARTICIPATION CONTRACT IS FOUND TO BE UNENFORCEABLE, THE REMAINING PORTIONS SHALL REMAIN IN FULL FORCE AND EFFECT.

I HEREBY ACKNOWLEDGE AND AGREE, ON BEHALF OF MYSELF AND THE MINOR CHILDREN, THAT IN NO EVENT SHALL THE COMPANY'S LIABILITY HEREUNDER EXCEED $100, EXCEPT FOR THOSE LOSSES DIRECTLY ARISING FROM THE COMPANY'S GROSS NEGLIGENCE OR WILLFUL MISCONDUCT.

By my signature below, I hereby certify that I am the parent or legal guardian of the Minor Children or that I have been granted the power of attorney to sign this Participation Contract on behalf of their parent or legal guardian, and that I have had sufficient opportunity to read and understand this Participation Contract.

ACTIVITIES WAIVER AND RELEASE

In order to provide a safe and secure environment for our children, we believe it is necessary to include the following questions as part of our application process. All information will be kept strictly confidential. (Police may access this information under warrant, if requested.) Answering “yes” to any of the questions does not necessarily preclude your involvement in ministry. A meeting will be arranged with the appropriate person/people so that you may discuss the circumstances if necessary. Thank you in advance for your understanding:

⃝ YES ⃝ NO Have you ever participated in, been accused (founded or unfounded) or convicted, pleaded guilty to, or no contest to, abuse for any sexual misconduct? If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⃝ YES ⃝ NO Have you ever been convicted of, pleaded guilty to, pleaded no contest to, or been charged with a criminal offense of any

kind? If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⃝ YES ⃝ NO Has there been any drug, alcohol, physical, or sexual abuse in your personal or family background?

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⃝ YES ⃝ NO Have you ever been involved with the making, use, or distribution of pornography?

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⃝ YES ⃝ NO Have you ever been diagnosed with or treated for a psychiatric disorder?

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⃝ YES ⃝ NO Have you ever engaged in homosexuality activity?

⃝ YES ⃝ NO Do you have any communicable disease? If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you answered yes to any of the previous questions, what steps have you taken to correct these issues and to minimize the impact those issues will create for you as you serve? Please explain on the lines below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Marital Status Maiden Name (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Address if Within the Last Five Years City, State, Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is There Any Other Info You Would Like For Us To Know?

The facts set forth in my volunteer application are true and complete. I understand that if accepted, any false statement on this application shall be considered sufficient grounds for immediate discharge. For the purposes of determining my suitability and qualifications as a volunteer, I authorize this company or its security agent, to contact orally or in writing any third parties to obtain information which this company or its security agent deems necessary and appropriate in verifying my application and qualifications as a volunteer. I specifically authorize this company or its designated agent to:

1. Obtain information from my present or former employers and any person or educational institution given as a reference by me, or developed as a reference from information supplied to me, concerning my work, academic records, personal habits, character or skills.
2. Obtain information from any state or local law enforcement agency to include U.S. Military authorities concerning my conduct, including records of any Criminal History Record information or Motor Vehicle Records.
3. Obtain information concerning my retail credit from credit reporting agencies and financial institutions.
4. Obtain available records from state worker’s compensation boards, insurance carriers or other agencies as a means of verifying information provided on my employment application.
5. Obtain results of my pre-employment or random drug test (if required by employer) performed by a qualified laboratory.

I also request that these persons and institutions cooperate with any agents with respect to these requests for background information. I hereby waive any rights or claims I might have against its agents, including any other person providing the requested information with regard to the acquisition, use, retention, or disclosure of such information.

BACKGROUND CHECK INFORMATION AND RELEASE

I certify that the information provided on this application is correct, to the best of my knowledge.

I agree to comply with and abide by the rules and regulations of the Virginia Church of God of Prophecy Camping Ministries as set forth by the State Offices. Should my application be accepted, I agree to be bound by expectations, policies, and guidelines of Camp Lowman, LLC, the volunteer expectations and to maintain Christ-like conduct in the performance of my services on behalf of Camp Lowman, LLC. I agree to abide by the code of conduct principles listed below and as noted on the Camp Lowman Volunteer Training Manual.

**CODE OF CONDUCT**

* We expect that you will respect yourself, those around you and their property, Camp Lowman Staff, God’s Creation, and God Himself. Treat others as you would want to be treated. The following behavior will not be tolerated: racist or sexist remarks, fighting, threats, swearing, or any other act that is de-meaning to another person. We want a warm and positive environment for all who attend and work at Camp Lowman.
* We uphold the safety of our campers and staff as a top priority. Please obey the lifeguards while in the pool area. Do not deliberately do anything that would endanger another. When in doubt about the safety of an activity, please discuss it with those in authority over you.
* Staff members are not to leave the camp without permission from the camp directors. Please make sure someone is aware of your whereabouts at all times.
* We are pleased to offer an alcohol-free, tobacco-free, weapon-free, and substance-free environment.
* We have a high expectation for modesty in dress and attitude. Please avoid too-tight, too-short articles of clothing. Shorts should be fingertip length and no spandex leggings should be worn unless a shirt is worn that is goes past your waist. Tank tops should not have the sides cut out and straps should be at least 2 finger lengths. When in doubt, leave it at home.

I authorize any references/churches listed in this application to give you any information regarding my character and fitness for youth camp work. In consideration of the receipt and evaluation of the application by Camp Lowman, LLC, I release any individual, church, organization, employer, reference, or any other person or organization, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family on account of compliance or any attempts to comply with this authorization. I waive any right to inspect any information provided about me by any person or organization identified by me in this application.

In case of emergency, I authorize qualified medical personnel to render medical care and treatment to me, both on and off campus, should such action be necessary.

I hereby consent for the Church of God of Prophecy State Office to seek from local law enforcement, any information which pertains to any record of conviction contained in its files or in any criminal file maintained on me, whether state, local, or national. I hereby release the Police Department from any and all liability resulting from such disclosure.

I further state that I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18) DATE

O YES O NO I AGREE TO ABIDE BY AND UPHOLD THE TEACHINGS AND BELIEFS OF THE CHURCH OF GOD OF PROPHECY?

O YES O NO I HAVE READ AND COMPLETED THE VOLUNTEER TRAINING MANUAL, BOTH THE GENERAL INFORMATION AND THE SECTION(S) PERTAINING TO THE POSITION(S) I AM APPLYING FOR?

**CIRCLE WHICH STAFF TRAINING YOU PLAN TO ATTEND**

YOUTH RETREAT THE DAY BEFORE CAMP BEGINS ONLINE WITH A FILL IN THE BLANK MANUAL

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18) DATE



CAMP LOWMAN STAFF PASTOR ENDORSEMENT

**NOTE TO PASTORS**

* This form must be completed for potential Camp Lowman Staff and received no later than March 31.
* MAIL TO VACOGOP ATTN: Camping Ministry P.O. Box 158 Troutville VA 24175
* This reference form is to evaluate a potential staff member for Camp Lowman. Your honesty will help us in compiling an effective and caring camp staff. Please answer all questions to the best of your knowledge. We ask that you personally seal and mail this form to us. You may call 540-992-3696 with any questions or comments. You may also email this form to [camplowman@vacogop.org](mailto:camplowman@vacogop.org). Thank you!

**APPLICANT INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME LAST NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHURCH PASTOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE HOW LONG HAVE YOU KNOWN THIS APPLICANT?

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IN WHAT CAPACITY HAVE YOU KNOWN THEM? HOW WELL DO YOU FEEL YOU KNOW THEM?

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WHAT ARE HIS OR HERS GREATEST STRENGTHS?

DO YOU ENDORSE THIS APPLICANT TO WORK IN A VIRGINIA YOUTH CAMP? O YES O NO

IS THIS INDIVIDUAL FAITHFUL TO YOUR LOCAL CHURCH? O YES O NO

DO YOU BELIEVE THE CANDIDATE IS GOOD WITH CHILDREN/YOUNG PEOPLE? O YES O NO

DOES THE CANDIDATE WORK WELL IN A TEAM ENVIRONMENT? O YES O NO

IS THE CANDIDATE TRUSTWORTHY AND RESPONSIBLE? O YES O NO

DOES THE CANDIDATE HAVE A POSITIVE ATTITUDE? O YES O NO

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IS THERE ANY REASON WE SHOULD NOT CONSIDER THIS APPLICANT AS A STAFF MEMBER FOR VIRGINIA YOUTH CAMPS?

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OTHER PASTORAL COMMENTS

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PASTOR’S SIGNATURE DATE

**Mail To:**

Virginia Church of God of Prophecy

Attn: Camping Ministries

P.O. Box 158

Troutville VA 24175