

**ALL COUNSELORS ARE REQUIRED TO ATTEND ONE OF THE MEETINGS ON MAY 12<sup>TH</sup> @ LUFKIN OR MAY 15<sup>TH</sup> @ BRYAN BOTH MEETINGS ARE AT 7:00 PM**

**SAFECAMPS.NET USERNAME \_\_\_\_\_ PASSWORD \_\_\_\_\_**

**Counselor & Staff Application/Registration Form**

**Lakeview Methodist Conference Center**

**THIS IS A LEGAL DOCUMENT**

**EAST/WEST DISTRICT JUNE 29 – JULY 3, 2008**

Full legal name: \_\_\_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Social Security No \_\_\_\_\_ Driver's Lic # \_\_\_\_\_ State \_\_\_\_\_  
Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home phone:( ) \_\_\_\_\_ Work phone:( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Adult/Child Circle One

**Emergency contact** \_\_\_\_\_

Name of Employer & Work address: \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone # \_\_\_\_\_ Night Phone # \_\_\_\_\_

Church membership: \_\_\_\_\_  
Name of Church \_\_\_\_\_ City \_\_\_\_\_ District \_\_\_\_\_

Areas of church leadership/involvement: \_\_\_\_\_

Expertise/talents you offer to the camp (i.e., instrumental music, vocal, crafts, athletics, small group leadership, etc.): \_\_\_\_\_

Prior experience working with youth in church or camp setting: \_\_\_\_\_

Indicate first responder certifications you have (EMS, CPR, First Aid, etc.) \_\_\_\_\_ Date certified \_\_\_\_\_

Date Safe Sanctuary Certified \_\_\_\_\_ Date State of Texas Safe Camps Trained \_\_\_\_\_

Name & telephone # for reference check: \_\_\_\_\_

Rank your age level preference (1 is highest): \_\_\_\_\_ 4<sup>th</sup>/5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup>/7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup>/9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup>/12<sup>th</sup>

Please indicate any emotional, behavioral, or physical disabilities which may require special awareness. Your answer will not necessarily result in exclusion from camp. This information will be made available to camp coordinator, director, nurse, and registrar. \_\_\_\_\_

Date of last Tetanus immunization: \_\_\_\_\_.

List any allergies (medications, food, insects, etc.) \_\_\_\_\_

List any special conditions, restrictions or medications: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's telephone #: ( ) \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

Have you ever been charged or convicted of a felony crime, including being placed on deferred adjudication probation? \_\_\_\_yes/no If yes, explain: \_\_\_\_\_

By signing below I am hereby giving permission, in case of emergency, to the physician selected by the camp to hospitalize, secure proper treatment, and order injection, anesthesia, or surgery in my behalf. Additionally, I have read and understand the **“Standards Regarding Conduct”** and the **“Media Release”** which are printed on the reverse side, and I also understand that this youth camp is tobacco free. I hereby state that all information given on this form is true and correct.

**Legal signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of Texas County of \_\_\_\_\_

This instrument was acknowledged before me on the \_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_.

(Notary seal/stamp)

Notary Public's Signature

**Sr. Pastor's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

My signature indicates recommendation of applicant for counselor based on personal knowledge of him/her and their qualifications. My signature also confirms applicant is **Conference Safe Sanctuary Certified**.

Pastor's Comments: \_\_\_\_\_

*Registration & participation in Lakeview's programs are the same for everyone without regard to race, color, religion, age, gender, disability, national origin, or political belief.*

**Duplication of this form shall be only on white paper.**

(11/07)

**Lakeview Methodist Conference Center  
Standards Regarding Disorderly Conduct**

Adopted 2-22-91

Revised 11-17-2006

The general purposes of this code are to establish a system of prohibitions and correctional measures to deal with conduct that unjustifiably and inexcusably causes harm or threatens harm to those public interests which the Lakeview Methodist Conference Center, its Board of Directors, Administrator, and Employee Staff are obligated to protect. To this end the provisions of this code are intended, and shall be construed, to achieve the above objective.

If a person commits an act under the following mental states: intentional, knowing, reckless, or with negligence, that person is responsible for his or her own conduct and for the conduct of others for whom he/she is responsible.

The following offenses are included in this category:

1. Criminal mischief, reckless damage or destruction to property, structures, equipment, or vehicles, and theft (under \$750.00).
2. Disorderly conduct or breach of the peace such as use of abusive, indecent, profane, or vulgar language or gestures; indecent exposure or public lewdness; or displays that tend to incite a breach of the peace; or creating by chemical or other means a noxious and unreasonable odor in a public place.
3. Possession or use of alcoholic beverages or controlled substances.
4. Possession of firearms, fireworks, illegal or prohibited knives, knuckles, clubs or instruments of any type that are specially designed, made, or adapted for the purpose of inflicting bodily injury.
5. Injury, reckless conduct, or terroristic threat that would indicate intent to do bodily harm to self or to others.
6. Enticement or solicitation of a child.
7. Sexual harassment, either verbal or physical.
- 7.5 Violations of the Safe Sanctuary Policy.
8. Other conduct that interrupts, disrupts, impedes, or otherwise interferes with a planned program.
9. The use of fire starter devices or pyrotechnics are prohibited unless used in organized programs which have been approved by Lakeview. In no case will open fires be allowed in or near structures or unprotected areas.
10. Cutting, breaking, or otherwise defacing trees, shrubs, or other native plants is prohibited unless part of a program of improvement approved by Lakeview.

**Code of Procedure For Disorderly Conduct**

Acting within the authority provided by its By-Laws, the Lakeview Methodist Conference Center establishes the following measures for violations of this code.

I. Felony violations of the laws of this state, along with lesser offenses where the offender causes bodily injury to a person or destruction of property, will be reported to the law enforcement agency having jurisdiction of this area.

II. Misdemeanor offenses or violations of Lakeview's General Policies may be reported to local law enforcement agencies. Correctional measures shall be imposed by Lakeview's Administrator (or in the administrator's absence, the Lakeview staff person in charge), the camp coordinator, and the director of the offender's group. These measures may in some cases require that the offender leave Lakeview Methodist Conference Center.

III. The parents of a Camper shall be notified immediately by the Camper's Director and/or Coordinator in the presence of Lakeview's Administrator when any offense against or by a Camper is determined.

THIS CODE WILL APPLY EQUALLY TO REGISTERED CAMPERS, GUESTS, VISITORS, STAFF, AND EMPLOYEES