



CAMP KAHOKA
A CHURCH OF GOD OF PROPHECY MINISTRY
STAFF APPLICATION

SUBMIT APPLICATION TO
CAMP COORDINATORS
TOM & STEPHANIE THOMPSON
8321 BUTTON COVE
SHERWOOD AR 72120
STEPHANIE.THOMPSON@HEARTLANDCOGOP.ORG

EVENT & POSITION YOU ARE APPLYING TO WORK:			INFORMATION PROVIDED IS PERSONAL & CONFIDENTIAL		
<input type="checkbox"/> KID'S CAMP <input type="checkbox"/> SENIOR CAMP <input type="checkbox"/> RETREAT			<input type="checkbox"/> STAFF <input type="checkbox"/> STAFF IN TRAINING		
<input type="checkbox"/> CABIN LEADER	<input type="checkbox"/> DEAN	<input type="checkbox"/> EVANGELIST	<input type="checkbox"/> NURSE	<input type="checkbox"/> TEACHER	
<input type="checkbox"/> CONCESSIONS	<input type="checkbox"/> DEVOTIONAL LEADER	<input type="checkbox"/> FUN-TIME DIRECTOR	<input type="checkbox"/> RECREATION DIRECTOR	<input type="checkbox"/> WORSHIP TEAM	
<input type="checkbox"/> CRAFTS	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> KITCHEN STAFF/COOK	<input type="checkbox"/> SECRETARY	<input type="checkbox"/> OTHER: _____	
PERSONAL DATA					
FULL NAME: (FIRST, MIDDLE, LAST)					
OTHER NAMES USED: (ALIAS/MAIDEN/NICKNAMES)					
ADDRESS:			EMAIL ADDRESS:		
CITY/STATE/ZIP:			SOCIAL SECURITY NUMBER:		
PHONE:			VALID DRIVER'S LICENSE # & STATE OF ISSUANCE:		
BIRTHDATE: (M/D/Y) ____/____/____		CURRENT AGE:		PLACE OF BIRTH: (CITY/STATE/COUNTRY)	
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED					
T-SHIRT SIZE: <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> X-LARGE <input type="checkbox"/> XX-LARGE <input type="checkbox"/> XXX-LARGE <input type="checkbox"/> OTHER _____					
EMPLOYER:			EMPLOYER'S PHONE:		
HEALTH DATA					
DO YOU HAVE PERSONAL MEDICAL INSURANCE?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY:			POLICY#		
ARE YOU PRESENTLY UNDER DOCTORS' CARE FOR ANY AILMENTS? IF YES, LIST:				<input type="checkbox"/> YES <input type="checkbox"/> NO	
LIST ANY PRESCRIPTION DRUGS YOU ARE CURRENTLY TAKING AND THE REASON:					
I UNDERSTAND & AGREE THAT NO MEDICATION, PRESCRIPTION, OR OTC MAY BE KEPT IN CAMPER HOUSING.				<input type="checkbox"/> YES	
HAVE YOU EVER TESTED POSITIVE FOR HIV/AIDS, HEPATITIS A, B, OR C, OR TUBERCULOSIS?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE ANY ALLERGIES? PLEASE LIST:				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE ANY PHYSICAL RESTRICTIONS THAT MIGHT APPLY FOR CAMP ACTIVITIES? PLEASE LIST:				<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU PHYSICALLY FIT TO PARTICIPATE IN CAMP?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE PROBLEMS SLEEPING?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE RECURRING NIGHTMARES OR SLEEP DISTURBANCES?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU CPR CERTIFIED?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
EMERGENCY CONTACT:			PHONE #:		
MEDICAL CONSENT: IN THE CASE OF A MEDICAL EMERGENCY, I UNDERSTAND THAT REASONABLE EFFORT WILL BE MADE TO CONTACT EMERGENCY PERSON(S) DESIGNATED ABOVE. IN THE EVENT THEY CANNOT BE REACHED, I GIVE PERMISSION TO CAMP KAHOKA ADMINISTRATION AND PHYSICIAN SELECTED TO SECURE ANY AND ALL PROPER MEDICAL TREATMENT FOR, TO ADMINISTER OTC OR PRESCRIPTION MEDICATIONS, TO HOSPITALIZE, ORDER INJECTION, ANESTHESIA, AND/OR SURGERY FOR ME. I UNDERSTAND THAT MY INSURANCE HAS THE PRIMARY RESPONSIBILITY OF PAYMENT SHOULD I NEED TREATMENT. CAMP KAHOKA INSURANCE IS SECONDARY. PARENT OR GUARDIAN MUST SIGN IF UNDER 18.					
SIGNATURE:			DATE: M/D/Y		
SPIRITUAL DATA					
DO YOU ACCEPT THE BIBLE AS THE WORD OF GOD?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU STRIVE TO LIVE A LIFESTYLE THAT REFLECTS CHRIST INWARDLY & OUTWARDLY?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU ACCEPT CHRIST'S REDEMPTION AS MANKIND'S ONLY WAY OF SALVATION?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU BELIEVE IN, PROMOTE, AND ADVOCATE CHRISTIAN UNITY AMONG BELIEVERS?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU FREELY VOLUNTEER YOUR TIME AND BEST EFFORTS TO THE CAMPING MINISTRY?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
PLEASE SELECT ALL THAT APPLY: <input type="checkbox"/> SAVED <input type="checkbox"/> SANCTIFIED <input type="checkbox"/> BAPTIZED IN HOLY GHOST <input type="checkbox"/> BAPTIZED IN WATER <input type="checkbox"/> COGOP MEMBER					



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IF YOU ARE NOT A MEMBER/ATTENDEE OF COGOP, WHAT IS YOUR CURRENT CHURCH AFFILIATION?	
IF A MEMBER/ATTENDEE OF COGOP, WHAT CHURCH DO YOU CURRENTLY ATTEND?	
DO YOU FAITHFULLY ATTEND AND CONSIDER YOURSELF FAITHFUL TO YOUR LOCAL CHURCH?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU FAITHFULLY TITHE YOUR INCOME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE LIST ANY POSITIONS YOU CURRENTLY HOLD OR MINISTRIES YOU PARTICIPATE IN AT YOUR LOCAL CHURCH:	
PASTOR'S NAME:	PHONE #:
PASTOR'S EMAIL ADDRESS:	
I ACKNOWLEDGE THAT I MUST HAVE A PASTOR'S ENDORSEMENT PRIOR TO BEING CONSIDERED TO WORK IN CAMP.	<input type="checkbox"/> YES
IF NOT A MEMBER/ATTENDEE OF COGOP, I UNDERSTAND I MUST HAVE A COGOP ENDORSEMENT & MY PASTOR'S ENDORSEMENT.	<input type="checkbox"/> YES
BACKGROUND DATA	
LIST PREVIOUS ADDRESSES & PLACES YOU HAVE LIVED (INCLUDING COLLEGE/SCHOOLS):	
HAVE YOU EVER BEEN CHARGED, ARRESTED, CONVICTED OF, OR PLEADED GUILTY TO ANY CRIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WOULD YOU BE WILLING TO DISCUSS THIS MATTER WITH A CAMP COORDINATOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN ACCUSED, CHARGED, OR ALLEGED TO HAVE COMMITTED ANY ACT OF NEGLECTING, ABUSING, ENDANGERING, OR MOLESTING A CHILD OR YOUTH?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WOULD YOU BE WILLING TO DISCUSS THIS MATTER WITH A CAMP COORDINATOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ADDICTED TO PRESCRIPTION DRUGS, AND/OR OTHER CHEMICALS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU USE TOBACCO IN ANY FORM, INCLUDING SMOKELESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU DRINK ALCOHOLIC BEVERAGES, INCLUDING SOCIAL DRINKING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU TAKE ILLEGAL DRUGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
I HEREBY AUTHORIZE CAMP KAHOKA, THE CHURCH OF GOD OF PROPHECY, (CK/COGOP) AND/OR ITS AGENTS TO MAKE INVESTIGATION OF MY BACKGROUND, REFERENCES, CHARACTER, PAST EMPLOYMENT, CONSUMER REPORTS, EDUCATION, AND CRIMINAL HISTORY RECORD INFORMATION WHICH MAY BE IN ANY STATE OR LOCAL FILES, INCLUDING THOSE MAINTAINED BY BOTH PUBLIC AND PRIVATE ORGANIZATIONS, AND ALL PUBLIC RECORDS, FOR THE PURPOSE OF CONFIRMING THE INFORMATION CONTAINED ON MY APPLICATION AND/OR OBTAINING OTHER INFORMATION WHICH MAY BE MATERIAL TO MY QUALIFICATIONS FOR EMPLOYMENT. A TELEPHONE FACSIMILE (FAX), XEROGRAPHIC COPY OR ELECTRONIC COPY OF THIS CONSENT SHALL BE CONSIDERED AS VALID AS THE ORIGINAL CONSENT.	
I HEREBY CONSENT TO CK/COGOP'S VERIFICATION OF ALL THE INFORMATION I HAVE PROVIDED ON MY APPLICATION FORM. I ALSO AGREE TO EXECUTE ANY ADDITIONAL WRITTEN AUTHORIZATION NECESSARY FOR CK/COGOP TO OBTAIN ACCESS TO AND COPIES OF RECORDS PERTAINING TO THIS INFORMATION. WITH REGARD TO THE FOREGOING DISCLOSURES, I HEREBY AGREE TO RELEASE ANY PERSON, COMPANY, OR OTHER ENTITY FROM ANY AND ALL CAUSES OF ACTION THAT OTHERWISE MIGHT ARISE FROM SUPPLYING CK/COGOP WITH INFORMATION IT MAY REQUEST PURSUANT TO THIS RELEASE. I UNDERSTAND THAT ANY FALSE ANSWERS OR STATEMENTS, OR MISREPRESENTATIONS BY OMISSION, MADE BY ME ON THIS APPLICATION OR ANY RELATED DOCUMENT, WILL BE SUFFICIENT FOR REJECTION OF MY APPLICATION OR FOR MY IMMEDIATE DISCHARGE SHOULD SUCH FALSIFICATIONS OR MISREPRESENTATIONS BE DISCOVERED HEREAFTER.	
SIGNATURE:	DATE: M/D/Y
COVID INFORMATION	
CAMP KAHOKA HAS PUT IN PLACE PREVENTATIVE MEASURES TO REDUCE THE SPREAD OF COVID-19; HOWEVER, CAMP KAHOKA CANNOT GUARANTEE THAT YOU OR YOUR CHILD(REN) WILL NOT BECOME INFECTED WITH COVID 19. FURTHER, ATTENDING CAMP KAHOKA COULD INCREASE YOUR RISK OF CONTRACTING COVID-19. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THE CONTAGIOUS NATURE OF COVID-19 AND VOLUNTARILY ASSUME THE RISK THAT MY CHILD(REN)/I MAY BE EXPOSED TO OR INFECTED BY COVID-19 BY ATTENDING CAMP KAHOKA AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY, AND DEATH. I UNDERSTAND THAT THE RISK OF BECOMING EXPOSED TO OR INFECTED BY COVID-19 AT CAMP KAHOKA MAY RESULT FROM THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF MYSELF AND OTHERS, INCLUDING, BUT NOT LIMITED TO, CAMP KAHOKA EMPLOYEES, VOLUNTEERS, AND PROGRAM PARTICIPANTS AND THEIR FAMILIES. I UNDERSTAND THAT MY CHILD(REN)/I MUST BE FREE FROM COVID-19 SYMPTOMS, AND SHOULD SYMPTOMS DEVELOP WHILE IN THE CARE OF CAMP KAHOKA, MY CHILD(REN)/I WILL BE SEPARATED FROM THE REST OF THE CAMP PARTICIPANTS/STAFF. I WILL BE CONTACTED, AND MY CHILD MUST BE PICKED UP WITHIN THREE HOURS OF MY BEING NOTIFIED. I FURTHER VOLUNTARILY AGREE THAT CAMP KAHOKA MAY MONITOR MYSELF OR MY CHILD(REN) FOR SYMPTOMS OF COVID-19 (INCLUDING, BUT NOT LIMITED TO, FEVER OF 100.4 DEGREES FAHRENHEIT OR HIGHER, SHORTNESS OF BREATH, CHILDRY COUGH, SORE THROAT, AND MUSCLE ACHES) I WILL IMMEDIATELY NOTIFY CAMP MANAGEMENT IF I BECOME AWARE OF ANY PERSON WITH WHOM MY CHILD OR I HAVE HAD CONTACT EXHIBITS ANY SYMPTOMS OF COVID-19, IS ADVISED TO SELF-ISOLATE, QUARANTINE, OR HAS TESTED POSITIVE FOR COVID-19.	
I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH, ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY ATTENDANCE AT CAMP OR PARTICIPATION IN CAMP PROGRAMMING ("CLAIMS") ON MY BEHALF, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND FOREVER HOLD HARMLESS CAMP KAHOKA, THE HEARTLAND REGION CHURCH OF GOD OF PROPHECY, ITS BOARD, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, CONTRACTORS AND AFFILIATES AS WELL AS THE RELEASE PARTIES AND REPRESENTATIVES OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE CAMP, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, WHETHER A COVID-19 INFECTIONS OCCURS BEFORE, DURING OR AFTER PARTICIPATION IN ANY CAMP PROGRAM.	
IN WITNESS WHEREOF EACH PARTY HERETO HAS EXECUTED THIS WAIVER BY ITS AUTHORIZED SIGNATORY AS OF THE DAY, MONTH, AND YEAR INDICATED BELOW, AND THE WAIVER BECOMES EFFECTIVE UPON THE DATE OF THE LAST SIGNATURE HERETO. PARENT OR GUARDIAN MUST SIGN IF UNDER 18.	
SIGNATURE:	DATE: M/D/Y



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DECLARATION OF GOOD MORAL CHARACTER

AS A CANDIDATE TO SERVE AS VOLUNTEER IN THE CAMPING MINISTRIES OF THE CHURCH OF GOD OF PROPHECY, I 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 CRIME 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, NEGLIGENCE 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, NEGLIGENCE 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 NEGLIGENCE OF AN ELDERLY PERSON OR DISABLED ADULT, LEWD OR LASCIVIOUS OFFENSES COMMITTED UPON OR IN THE PRESENCE OF 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 OBLIGATED TO NOTIFY THE CAMP KAHOKA OFFICE 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, NEGLIGENCE, OR EXPLOITATION AGAINST A CHILD NOR HAS THERE BEEN A CONFIRMED REPORT OF ABUSE, NEGLIGENCE OR EXPLOITATION WHICH HAS BEEN UNCONTESTED OR UPHeld. I HAVE NOT COMMITTED AN ACT WHICH CONSTITUTED 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 CAMP KAHOKA, THE CHURCH OF GOD OF PROPHECY, ITS BOARD, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, CONTRACTORS, AND AFFILIATES AS WELL AS RELEASE PARTIES AND REPRESENTATIVES OF AND 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 ALLECTED ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:

DATE: M/D/Y

APPLICANT'S STATEMENT

I UNDERSTAND THAT THERE IS NO REMUNERATION FOR ANY WORK PROVIDED; THEREFORE, ALL ASSISTANCE IS CONSIDERED VOLUNTEER LABOR. MY APPLICATION IS CAREFULLY COMPLETED. I UNDERSTAND IT WILL BE PRAYERFULLY CONSIDERED BY CAMP DIRECTORS & CAMP COORDINATORS. IF SELECTED, I WILL READ AND ABIDE BY RULES OUTLINED IN THE POLICIES & PROCEDURES MANUAL. I GIVE MY PERMISSION OF CAMP KAHOKA ADMINISTRATION TO USE IMAGES AND RECORDINGS OF MY CHILD/WARD/MYSELF (INCLUDING SOCIAL MEDIA OR WEBSITE USE) WITHOUT FURTHER COMPENATATION.

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 PROGRAM STATEMENT WHICH CONTAINS THE 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.

I ACKNOWLEDGE AND AGREE TO THE STATEMENTS, TERMS AND CONDITIONS ABOVE, AS WELL AS ANY APPLICABLE TERMS AND CONDITIONS FOR THIS REGISTRATION. I ACKNOWLEDGE THAT TYPING MY NAME BELOW AND COMPLETING THIS REGISTRATION FORM, I AM ELECTRONICALLY SIGNING THE DOCUMENT, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THE DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND.

SIGNATURE:

DATE: M/D/Y