LATHAM SPRINGS BAPTIST CAMP LEADERSHIP SCREENING FORMS

This form is to be completed for any position (paid or volunteer) involving the supervision or care of minors or persons with metal retardation. This requirement is being used to provide a safe and secure environment for all persons being served by Latham Springs Baptist Camp activities.

The information contained in this screening form is correct to the best of my knowledge. I authorize any references to give you any information (including opinions) that they may have regarding my character and fitness to work with minors or the mentally retarded. In consideration of the receipt and evaluation of this form by Latham Springs Baptist Camp located at 134 P R 223, Aquilla, Texas 76622, I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, 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 my family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this screening form.

I hereby give my permission for the Latham Springs Baptist Camp to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for any employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

Should my application be accepted, I agree to be bound by the Constitution and policies of Latham Springs Baptist Camp and to refrain from unscriptural conduct in the performance of my services on behalf of the Camp. The basic criteria which has been established by the State of Texas for conducting youth camps is met or exceeded by Latham Springs Volunteer Staff Handbook requirements as summarized in the follow five (5) items.

1. There must be a minimum of one adult volunteer staffer for every ten minor campers. This volunteer staffer is required to maintain responsible control of his/her campers at all times, day and night. The key is to know your kids, and to foster a spirit of mutual accountability in the campers.
2. The campers are never to be in their lodges or cabins without staff supervision. If a camper is sick and needs to lie down they must be taken to the Health Center. They likewise must not be off in remote wooded areas of the camp unless accompanied by adult staff.
3. All prescription medication must be taken to the Health Center. The students will have to come to the Center with a staffer and the health care professional will issue the medication in accordance with the instructions on the prescription, in accordance with instructions on the back of the health form, and in the presence of the staffer.
4. All non prescription medication is prohibited at the Encampment. If students have inadvertently brought any type of medication, it must be taken to the Health Center and will not be issued without the health care professional's authorization. (Students may retrieve their medication at check out time.)
5. The campers under you supervision need your continuous personal care, attention, and prayer support. A safe, well nourished, well hydrated, and well disciplined camper will be able to hear God's voice and often will respond by making a life changing decision for Christ Jesus.

I agree to prayerfully serve my Lord Jesus and my flock of campers with compassion and diligence in accordance with Latham Springs Volunteer handbook. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENT THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Name _____

Please print **FIRST** **MIDDLE** **LAST**

Address _____

Street **City,** **State,** **Zip Code**

DL# _____ SS# _____

Date of Birth _____ Phone _____

Church Name _____

Personal references (3) Name Address Phone Number

_____

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Signature _____ Date _____

Witness Signature _____ Date _____