



ADULT VERIFICATION TO SERVE WITH MINORS APPLICATION

This application is to be completed by all applicants wanting to be involved in the supervision or custody of minors. Completely fill out this form, then give to the Teen/Children's Director and President to sign.

YOU ARE REQUIRED TO FILL OUT ONE PER YEAR SERVING TAYLOR COUNTY CAMP

Name _____ Date of Birth _____ Gender _____

Address _____ City _____ State _____ Zip _____

Home/Cell Phone _____ Email _____

Marital Status _____ Occupation _____

Church _____ City _____ State _____

List previous church work involving youth/children _____

List previous non-church work involving youth/children _____

YES ___ NO ___ 1. Do you currently use tobacco, alcohol, nicotine products, or any illegal drugs? If yes, explain on back.

YES ___ NO ___ 2. Have you ever been charged or convicted of a crime, excluding traffic violations? If yes, explain on back.

YES ___ NO ___ 3. Have you been charged or convicted of physical or sexual crimes such as but not limited to abuse, assault, molestation, harassment, etc.? If yes, explain on back.

MEDICAL List all health issues that might affect your ability to participate at a Youth/Children's event:

Emergency Contact _____ Cell Number _____

Relationship to Applicant _____

I hereby authorize and request any medical doctor, medical clinic or hospital emergency room physician to administer such treatment, including any procedure, as their judgement deems necessary. I fully understand that the CAMP INSURANCE IS SECONDARY COVERAGE and covers accidents only with a limited benefit per incident and I will need to file on my insurance first. I accept full responsibility for any charges related to causes other than accidents or charges beyond the maximum amount of the camp insurance. **Initials** _____

Applicant's Commitment and Authorization: I pledge myself to serve in cooperative ministry with the directors of the Taylor County Camp. I will maintain a personal discipline and a spirit that exemplifies Christ. I will put the physical, mental, and spiritual welfare for the campers as priority. **Initials** _____

Applicant Signature _____ **Date** _____

UNDERSIGNED AUTHORIZATION: The undersigned authorizes that the above-named participant is capable to work with minors at the Taylor County Camp Meeting. TCC has done a background check, including a National Criminal Search and a National Sex Offender Search on above-named participant. The undersigned further warrants they are aware of no information that would suggest above-named participant to pose a risk of harm to minors.

Youth/Children's Director Signature _____ **Date** _____

Camp President Signature _____ **Date** _____

ADULT CAMPER APPLICATION

TCC

CAMPER INFORMATION (please print clearly)

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Gender: _____

Physician's Name: _____ Phone: _____

Father or Guardian's Full Name: _____

Father's Work Phone: _____ Father's Cell Phone: _____

Mother or Guardian's Full Name: _____

Mother's Work Phone: _____ Mother's Cell Phone: _____

EMERGENCY CONTACT PERSON

Contact Name: _____

Relationship to Camper: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Email: _____

CHURCH INFORMATION (if applicable)

Church Name _____ Pastor's Name _____

Address _____ City _____ State _____

Church Group Leader Name _____

OFFICE USE ONLY

TCC

TEEN

_____ nights @ \$ _____

Meals \$ _____

Misc. \$ _____

Total Paid \$ _____ (Cash / Check)

Arrival Date _____

Departure Date _____

Lodging Location _____

CHILD

_____ nights @ \$ _____

Meals \$ _____

Misc. \$ _____

Total Paid \$ _____ (Cash / Check)

Arrival Date _____

Departure Date _____

Lodging Location _____

ADULT CAMPER HEALTH INFORMATION

TCC

Do you have health insurance? _____ Yes _____ No

If yes, name of company: _____

Policy Number: _____ Phone: _____

Address of Company: _____

City: _____ State: _____ Zip: _____

Allergies: _____ Insect Stings _____ Drugs _____ Other Allergies

If you checked any of the conditions above, please give details (include normal treatment of allergic reactions):

Conditions: _____ Heart _____ Frequent Colds _____ Chronic Asthma
_____ Diabetes _____ Hay Fever _____ Physical Handicap
_____ Epilepsy _____ Frequent Stomach Upsets

Please explain: _____

What communicable disease has this camper had? (Check all that apply)

- Measles Polio Mumps Chicken Pox Scarlet Fever Whooping Cough

When did this camper last receive a Tetanus Shot (give year): _____

Does the camper have any of the following conditions? (Check all that apply)

- Heart Trouble Ear Trouble Kidney/Urinary Trouble Asthma Hernia Skin Trouble HIV/AIDS
 Lung Trouble Diabetes Seizures

Allergies (Name allergies or medications camper is allergic to. Camper must bring own EpiPen if needed.)

WAIVER, RELEASE, INDEMNIFICATION OF ALL CLAIMS & COVENANT NOT TO SUE

I am over the age of eighteen, and I am fully competent to sign this Release. I certify that I am in good health, have no mental or physical conditions that would prevent my participation in the encampment and/or its recreation activities, and have no condition that requires the taking of medication on a regular basis, except as fully and expressly indicated above. In consideration of being permitted to participate in the Taylor County Holiness Campground, Inc.'s (the "Camp's") activities and to use the facilities and equipment at the Camp, I, on behalf of myself and my representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns (collectively, "my Representatives"), hereby agree to be bound by this Release. I understand that such participation or use entails certain inherent risks, and I, on behalf of myself and my Representatives, voluntarily accept all risk to my health that may result from such participation or use. Therefore, I, on behalf of myself and my Representatives, hereby agree that Taylor County Holiness Camp Ground, Inc., its directors, officers, employees, agents, representatives, related and/or affiliated entities, successors and assigns (hereinafter, "Released Parties") SHALL NOT BE LIABLE FOR ANY DAMAGES arising from (a) the DISCLOSURE OF MEDICAL INFORMATION contained in this form (if believed necessary by the Released Parties), and/or (b) PERSONAL INJURIES (INCLUDING DEATH), DAMAGE TO OR LOSS OF PROPERTY OR OTHER HARM, whether foreseen or unforeseen, present or future, known or unknown, that I may sustain in any way which directly or indirectly results from or arises from my attendance or participation in the Camp. Furthermore, I, on behalf of myself and my Representatives, agree to INDEMNIFY, DEFEND, AND HOLD HARMLESS the Released Parties from and against any and all claims, foreseen or unforeseen, present or future, known or unknown, that I or my Representatives may have or assert, even if caused in whole or in part by the NEGLIGENCE, FAULT, BREACH OF CONTRACT, STRICT LIABILITY, OR OTHER ACT, CONDUCT OR STATUS of any of the Released Parties. This indemnification includes all costs of defending such claims, including attorneys' fees, costs, and expenses, whether suit is filed or not.

I further authorize emergency medical treatment to be performed by Camp medical staff and/or attending physicians at the local clinic or hospital to me as they deem necessary.

This Release contains the entire agreement between the parties and may be amended only in writing signed by the undersigned and the Released Parties' representative(s), or their successors. It is not intended to release the Released Parties from any conditions or activity that, as a matter of law, cannot be avoided, waived or released, and no provision hereof should be so interpreted. It is governed by the internal laws of Georgia (even if applicable conflict of law rules would provide otherwise). Its terms are severable. It shall not be strictly construed against any party.

I HAVE READ AND UNDERSTAND THIS RELEASE AND ACCEPT AND AGREE TO ITS TERMS AND SIGN IT VOLUNTARILY.

Signature

Date

CORONAVIRUS / COVID-19 WARNING & DISCLAIMER

INITIAL _____

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Taylor County Holiness Camp programs or accessing Taylor County Holiness Camp facilities could increase the risk of contracting COVID-19. Taylor County Holiness Camp in no way warrants that COVID-19 infection will not occur through participation in Taylor County Holiness Camp programs or accessing Taylor County Holiness Camp facilities.

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT.

Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Taylor County Holiness Camp programs, now or any time in the future.

TAYLOR COUNTY HOLINESS CAMP



Background Check Release

473 L T Peed Road // Butler // GA // 31006

Camp Phones // 478-862-3712 or 478-862-3919

For information before camp call // 912-670-1878

First Name // _____ Middle Initial // _____ Last Name // _____

Other Names // _____ Gender // Male Female

Current Address // _____ Apt // _____

City // _____ State // _____ Zip // _____

Telephone // _____ Date of Birth // _____

Social Security // _____ Driver's License // _____

- Have you ever been convicted of any drug or child abuse related crimes? YES NO
- Have you ever been convicted of any crimes related to violence? YES NO
- Have you ever been convicted of a major traffic violation, including DUI? YES NO
- Have you ever been convicted of ANY misdemeanor or felony crimes? YES NO
- Have you ever had a restraining order filed against you? YES NO
- Have you even been charged with a crime for which there has not been an acquittal or dismal? YES NO

If "YES" to any question, please complete the following:

Date // _____ County // _____ State // _____

Type of Offense // _____

Explanation // _____

(For multiple explanations, use back of this form.)

The facts set forth on this form are true and complete to the best of my knowledge. I understand that false statements on this form shall be considered sufficient cause for non-consideration as a volunteer. By my signature, I authorize Taylor County Holiness Camp to check criminal and/or civil records.

My Signature // _____ Date // _____





STAFF/VOLUNTEER MANUAL TEEN & CHILDREN'S PROGRAMS

Updated June 17, 2021

COUNSELOR EXPECTATIONS

As a counselor, you can have a significant impact on the campers. You can do this in numerous ways:

- Build them in Christ
- Be a role model
- Build healthy relationships
- Show them love
- Mentor through problems or conflict
- Make a difference

Rules and Regulations

- Live and interact in a dorm with campers.
- Participate in daily activities with the campers.
- Supervise, entertain and lead children in activities during structured and unstructured times, such as before and after meals and free time.
- Remain at camp for the duration of the camp.
- Assist with group control, help provide a physically and emotionally safe environment, communicating specific needs, asking questions, reinforcing camp rules and being enthusiastic about camp.
- Build a caring community in your dorm and throughout camp.
- No alcoholic beverages.
- No illegal drugs or misuse of prescription drugs.
- No smoking is allowed on the grounds.
- Campers must give medications to the Camp Health Director.
- Intimate relationships are not permitted between counselors and should never be displayed or discussed around campers. Absolutely no intimate relationships between counselors and campers.
- Males shall not be in or around dorms for females. Females shall not be in or around dorms for males. Boys are blue. Girls are red. There shouldn't be any PURPLE. NO EXCEPTIONS!
- Keep camp picked up and clean. Work together.
- Report any serious violation of rules to the Director immediately. These include but are not limited to:
 - Smoking, drinking or use of drugs
 - Possession of weapons of any kind
 - Sneaking out of dorm after hours
 - Fighting or threatening others
 - Being in or around the dorm area of the opposite sex
 - Stealing

SEXUAL HARASSMENT AND CHILD ABUSE

Do not engage in an activity exclusively with one child. Find another adult to be present with you and the child.

Harassment: Taylor County Camp Meeting is committed to providing an environment that is free of harassment. In keeping with this commitment, TCC maintains a strict policy prohibiting unlawful harassment. The term “harassment” includes, but is not limited to verbal, graphic, or physical conduct which relates to an individual’s race, color, religion, gender, national origin, age or disability. Sexual harassment consists of unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature. Any form of harassment will not be tolerated. This policy prohibits harassment in any form, including verbal, physical, psychological and visual.

Child Abuse: TCC is committed to providing a safe environment that is free of child abuse and maintaining a strict policy prohibiting any kind of child abuse. Child abuse is the mistreatment or neglect of a child resulting in injury or harm.

If a counselor suspects child abuse in any form (physical or sexual in nature), he or she shall inform the Director of Youth or the Director of Children immediately. It is Georgia law to report suspicion of child abuse.

When talking with a child about possible abuse, ALWAYS:

- Listen carefully to your camper’s fears and be supportive.
- Praise the child for telling you about the experience.
- Control your reaction. Do not let the child see you upset.
- Respect the child’s privacy. Take the child to a place where you cannot be overheard by the other children/youth but seen by others. **Never allow yourself to be totally alone with a camper -child or teenager - for your protection and that of the child.**
- Respect the child’s privacy and only discuss the matter with the administrative staff, not the other counselors.
- **If a conversation with a camper reveals possible physical or sexual abuse or comments about suicidal thoughts or self harm, the camper shall be advised that the counselor will immediately inform the Youth Director/Children’s Director or an executive officer of TCC if the appropriate Director is not immediately available.**

Signs of Abuse:

- If a child makes a comment to you suggesting they have been abused or harmed
- If a child has physical evidence of abuse or repeated injuries such as bruises, cuts, burns, abrasions, lesions or welts
- If a child confides in you about a suicide attempt or is suggesting harm to himself/herself
- If anyone brings a situation to your attention, such as observation of verbal or physical abuse
- If a child is unusually withdrawn, angry, depressed or aggressive
- If a child exhibits extreme behavior, such as being overly compliant or aggressive, clinging to you, not wanting to separate, being afraid to be with a specific person
- If a child shows signs of or reports sexual abuse or a sexually transmitted Disease
- If a child insists on wearing a jacket or long sleeves in hot summer weather, he or she may be trying to hide scars or other signs of physical abuse or self harm.

Counselors shall inform immediately the Youth Director or Children’s Director if any of the above signs of abuse are observed.

Counselors Shall Never:

- Use physical punishment or any action administered to the body such as, but not limited to, the following:
 - Rough handling, shaking or using excessive exercise as punishment
 - Forcing child to assume an uncomfortable position
 - Restraining movement by tying
 - Enclosing into a confined space
- Be verbally abusive, including using threats, belittling remarks, humiliation, embarrassment, or frightening the child
- Force, withhold or substitute food
- Give any child the authority to punish another child
- Place any child out of visual/hearing distance, in the dark or in an unventilated area
- Punish a child for a toileting accident

Procedures: As a counselor, you are responsible for documenting and reporting any harassment or abuse to the Youth Director or Children's Director. The director to whom the report is made will immediately investigate the allegation and in turn promptly report the allegation and any associated developments to the President of the Camp. Camp President will take seriously any allegations or suspicions of child abuse and will report such allegations or suspicions to the appropriate authorities or agencies.

I, _____, certify that I have read and understand the expectations of me as a member of the Taylor County Camp team of volunteers. I know that as I submit my life to God this week and seek to love and serve all of the people of TCC, God will do amazing things in our midst.

Signature

Printed Name

Please complete and turn in this form to the Youth Director or Children's Director before the start of camp.