

## **COUNSELOR/PROGRAM STAFF REGISTRATION SPECIAL PEOPLE CAMP 2025**

Counselors/Program Staff arrive Monday, October 13, 2025 (Optional), by 1:00 p.m. for orientation and preparation. Campers arrive, Tuesday October 14, 2025. Camp concludes Thursday after lunch October 16, 2025 with counselors/Program Staff remaining until campers have gone (approx. 2 p.m.) and we gather for debriefing.

COUNSELOR/PROGRAM STAFF REGISTRATION FOR SPECIAL PEOPLE CAMP SHOULD BE RETURNED AS SOON AS POSSIBLE to Mike Beaty 1687 VZ CR 2403, Canton, Texas 75103. Scholarships are available based on need availability. Contact Mike Beaty at: [michbeaty@yahoo.com](mailto:michbeaty@yahoo.com)

Counselor/Program Staff Qualifications/Requirements \* 18 yrs. Of age \*Pass criminal history check \*Pastoral reference as to character and temperament for Special People Camp \*No health issues that would prevent performing counselor/necessary personnel duties \*\$225.00 registration fee. Mail with application, or register online on website: [SpecialPeopleCamp.org](http://SpecialPeopleCamp.org)

**“PLEASE NOTE” : TOBACCO, VAPING DEVICES, ALCOHOL, AND ILLEGAL DRUGS ARE PROHIBITED AT SPECIAL PEOPLE CAMP.**

**\*\* PACKING LIST \*\***  PILLOW  TWIN SIZE BED SHEETS  BLANKET  
 TOWEL  WASH CLOTH  SOAP  SHAMPOO  TOOTHBRUSH  
 TOOTHPASTE  COMB  DEODORANT  FLASHLIGHT  BIBLE  
 LIGHT JACKET  RAIN GEAR/UMBRELLA  SHAVING GEAR FOR MEN  
 COMFORTABLE WALKING SHOES  COMFORTABLE CLOTHES FOR 3  
DAYS (NO DRESS UP CLOTHES NEEDED)

**PLEASE VISIT “SPECIALPEOPLECAMP” ON FACEBOOK. LIKE AND SHARE WITH OTHERS.**

Counselor/Staff Legal Name \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Counselor/Staff Preferred Name \_\_\_\_\_ Phone: cell/home \_\_\_\_\_

Mailing Address – Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

T-SHIRT SIZE – circle one:        S   M   L   XL   XXL   XXXL   XXXXL

By registering for Special People Camp, you give permission to be photographed for group keepsakes and publicity for Special People Camp.

**IN CASE OF ILLNESS OR INJURY**

Emergency Contact 1 \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Dietary Needs/Restrictions \_\_\_\_\_

Conditions which may limit activities \_\_\_\_\_

Physician's Name/Phone \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Health Insurance Policy #/Phone \_\_\_\_\_

List of medications for emergency reference only:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CPAP users bring your own machines and distilled water.

**BY MY SIGNATURE, I INDICATE THAT TO THE BEST OF MY KNOWLEDGE, ALL MEDICAL INFORMATION LISTED ABOVE IS ACCURATE.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**COUNSELOR/STAFF MEMBER**

I, (print name) \_\_\_\_\_ agree to participate in Special People Camp as a volunteer. By signing, I understand, that neither any Special People Board Member or any other volunteers will be held liable for any accident, injury, or illness that might occur at any time related to Special People Camp.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SPECIAL PEOPLE CAMP-COUNSELOR/PROGRAM STAFF  
CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK**

All blanks must be filled out.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_

Maiden Name or other name(s) used for other records of birth or records of residence:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

(5) \_\_\_\_\_ (6) \_\_\_\_\_ (7) \_\_\_\_\_ (8) \_\_\_\_\_

Present Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver License Number & State \_\_\_\_\_

**THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18 CITY/TOWN, COUNTY, STATE, & COUNTRY.**

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

**Reference Information**

Name 1. \_\_\_\_\_ Telephone # \_\_\_\_\_ E-mail \_\_\_\_\_

Name 2. \_\_\_\_\_ Telephone # \_\_\_\_\_ E-mail \_\_\_\_\_

Name 3. \_\_\_\_\_ Telephone # \_\_\_\_\_ E-mail \_\_\_\_\_

I am an applicant for volunteer work with Special People Camp Inc. I have been advised that as a part of the application process, Special People Camp conducts a criminal history/ background check. I do hereby consent that any information provided by me may be used in performing the criminal history check. Special People Camp has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to be offered volunteer work. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information within two weeks. Background information is for Registrar use only and will be destroyed.

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. ANY OFFER OF VOLUNTEER ASSIGNMENT IS CONTINGENT UPON AN ACCEPTABLE CRIMINAL HISTORY/BACKGROUND CHECK REPORT. ACCEPTANCE IS AT THE SOLE DISCRETION OF SPECIAL PEOPLE CAMP.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

Print Name \_\_\_\_\_

**The pastoral reference is to be mailed by the pastor to the Registrar and not returned with the applicant's registration. HAND TO YOUR PASTOR FOR SIGNATURE. THIS IS FOR FIRST-TIME COUNSELORS/PROGRAM STAFF ONLY.** RETURNING COUNSELORS/PROGRAM STAFF DO NOT HAVE TO FILL OUT PASTORAL RECOMMENDATION.

**Pastoral Recommendation**

Special People Camp is for campers with developmental challenges. It is therefore important that volunteers have a justifying relationship with Christ and exemplify the temperament needed to be a successful camp volunteer. The Pastoral recommendation is key to understanding if a volunteer possesses the Christian character and temperament to serve Christ through serving others at SPC.

A pastoral recommendation, or a church staff member who has closely worked with the applicant is helpful. Once the pastoral contact information is submitted, the pastor may be contacted by phone. To encourage consistency, the following format should be followed:

Please Submit to:  
Rev. Nathan Firmin,  
219 Woodcreek  
Longview, TX. 75605.  
Telephone: 903-693-3414.  
RETURN AS SOON AS POSSIBLE. Thank you for your time.

**Volunteer Name:** \_\_\_\_\_ **Pastor's Name:** \_\_\_\_\_

**Pastor's Phone:** (\_\_\_\_) \_\_\_\_\_ **How long have you known the volunteer?** \_\_\_\_\_

**In what ministry have you observed the applicant?**

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**Do you feel like the volunteer is a good example of Christian character? YES NO**

**In your opinion, does the volunteer have the patience, caring spirit, and heart for children and adults with special needs? YES NO**

**Have you had any problems with the volunteer following instructions/suggestions, exhibiting inappropriate language or behavior, or questionable ethics? YES NO**

**If YES, what are the issues, and to your knowledge, have these been resolved?**

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**Would you recommend this person as a volunteer to work with adults with special needs at Special People Camp? YES NO**

**Why:** \_\_\_\_\_  
\_\_\_\_\_

**Pastor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Results will be confidential, assembled in a separate notebook and shared only with SPC leadership.*