

# SPECIAL PEOPLE CAMP 2026

*Counselor & Staff Information / Registration*

**LAKEVIEW CONFERENCE CENTER · OCTOBER 13, 14, 15, 2026**

400 Private Road 6036, Palestine, Texas 75821

Driving directions at [lakeviewmcc.org](http://lakeviewmcc.org)

Counselors / Program Staff arrive **Monday, October 12, 2026** (optional) by 1:00 p.m. for orientation and preparation.

Campers arrive **Tuesday, October 13, 2026**. Camp concludes **Thursday after lunch, October 15, 2026**, with counselors / program staff remaining until campers have gone (approx. 2 p.m.) for debriefing.

Counselor / Program Staff registration should be returned **as soon as possible** to Mike Beaty, 1887 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 years of age
- Pass criminal history check
- Pastoral reference as to character and temperament for Special People Camp (*first time counselors only*)
- No health issues that would prevent performing counselor / necessary personnel duties
- \$225.00 registration fee

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

## PERSONAL INFORMATION

**Legal Name \***

*First Name*

*Middle Name*

*Last Name*

**Preferred Name**

**Date of Birth \***

**Age \***

*MM-DD-YYYY*

**Gender \***

Male

Female

**Address \***

*Street Address*

*Address Line 2*

*City*

*State / Region / Province*

*Postal / ZIP*

Phone \*

Email

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Emergency Contact Name \*

First Name

Last Name

Emergency Contact Phone \*

Relationship \*

**MEDICAL INFORMATION**

**Medication, medical devices / equipment:** please fill in the medical information in full.

**CPAP patients should bring their own machines and distilled water to use at night.**

**Allergies**

List all known allergies

[Empty text box for allergies]

**Dietary Restrictions**

[Empty text box for dietary restrictions]

Health Insurance Provider Name \*

Health Insurance Policy Number \*

Health Insurance Contact Phone \*

**List of Medications**

For emergency reference only

[Empty text box for list of medications]

**T-Shirt Size \***

- Small
- Medium
- Large
- XL
- XXL
- XXXL
- XXXXL

**Registration Fee \***

**Registration fee enclosed — \$225.00**

**Make check or money order payable to:** Special People Camp  
**Mail to:** Mike Beaty · 1887 VZ CR 2403 · Canton, TX 75103  
**Memo:** 2026 Counselor / Staff Registration — [Your Name]

**TERMS & AGREEMENT**

I agree to participate in Special People Camp as a volunteer. By signing, I understand that neither any Special People board member nor any other volunteer will be held liable for any accident, injury, or illness that might occur at any time related to Special People Camp.

**I accept the Terms and Conditions.**

**Date**

**Printed Name**

*MM-DD-YYYY*

*First & Last*

**Signature**

# SPECIAL PEOPLE CAMP 2026

*Counselor / Program Staff Consent to Perform Criminal History Background Check*

## APPLICANT INFORMATION

**Name \***

*First Name*

*Middle Name*

*Last Name*

**Maiden name or other name(s) for other records and records of residence:**

*Other Name 1*

*Other Name 2*

*Other Name 3*

**All counties and states of residence since high school graduation or age 18 \***

*City / Town · County · State · Country*

**Address \***

*Street Address*

*Address Line 2*

*City*

*State / Region*

*Postal / ZIP*

**Date of Birth \***

**Place of Birth \***

*MM-DD-YYYY*

**Race \***

**Gender \***

*Male / Female*

**Social Security Number \***

**Driver License / State ID \***

*No spaces or dashes*

## REFERENCE INFORMATION

**Reference 1 — Name \***

*First Name**Last Name***Phone Number 1 \*****Email 1 \*****Reference 2 — Name***First Name**Last Name***Phone Number 2****Email 2****Reference 3 — Name***First Name**Last Name***Phone Number 3****Email 3****CONSENT & ACKNOWLEDGEMENT**

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 accept the Terms and Conditions.**

**Date****Printed Name***MM-DD-YYYY**First & Last***Signature**