COUNSELOR/PROGRAM STAFF REGISTRATION SPECIAL PEOPLE CAMP 2026

Counselors/Program Staff arrive Monday, October12, 2025 (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.) 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. *$225.00 registration fee. Mail with application, or register online on website: SpecialPeopleCamp.org. Scholarships are available based on need and availability. Contact Mike Beaty at: 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 for first time staff only. *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

"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 FACE BOOK. LIKE AND SHARE WITH OTHERS.

AGE_____

Counselor/Staff Legal Name _____ DOB: _____
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 _____
Physicians 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.

COUNSELOR/STAFF MEMBER

I, (print name) _____ agree to participate in Special People Camp as a volunteer. By signing, I understand, that Special People Board Member, Counselor 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.

B. Release of Claims

TO THE FULLEST EXTENT PERMITTED BY TEXAS LAW, I HEREBY RELEASE, WAIVE, AND DISCHARGE LAKEVIEW, ITS DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS, CONTRACTORS, AFFILIATES, AND INSURERS (COLLECTIVELY, "RELEASED PARTIES") FROM ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, OR LIABILITY FOR ANY INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE ARISING OUT OF OR RELATED TO MY PARTICIPATION IN ANY LAKEVIEW ACTIVITY, INCLUDING CLAIMS ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES, CONDITIONS

OF THE PREMISES, OR OTHER ACTS OR OMISSIONS OF THE RELEASED PARTIES.
THIS RELEASE EXPRESSLY INCLUDES, WITHOUT LIMITATION, CLAIMS ARISING FROM OR RELATED TO FLOODING, FLOODPLAIN CONDITIONS, IMPAIRED OR LIMITED ACCESS, EVACUATION DECISIONS, EMERGENCY RESPONSE, OR WEATHER-RELATED CONDITIONS AFFECTING THE PREMISES.
I UNDERSTAND THAT THIS RELEASE INCLUDES CLAIMS BASED ON THE NEGLIGENCE OF THE RELEASED PARTIES.
I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

I SIGN THIS AGREEMENT FREELY AND VOLUNTARILY.
THIS RELEASE DOES NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL MISCONDUCT, WHICH CANNOT BE WAIVED UNDER TEXAS LAW.
C. Parent/Guardian Agreement for Minors
I understand that under Texas law, I may not be able to waive my child's personal injury claims in advance. Nevertheless, to the fullest extent permitted by law:
(1) I agree to the terms of this Agreement on behalf of myself and my minor child.
(2) I agree to INDEMNIFY, DEFEND, AND HOLD HARMLESS the Released Parties from and against any and all claims brought by or on behalf of my minor child arising out of participation in Lakeview activities, including claims arising from negligence of any of the Released Parties.
(3) I agree not to bring, and to the extent permitted by law to prevent my child from bringing, any claim inconsistent with this Agreement.
This Release and Waiver shall be governed by the laws of the State of Texas. Venue for any dispute shall lie exclusively in the courts of the State of Texas.
If any provision of this Release and Waiver is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.
D. Media Release
I grant Lakeview and Special People Camp permission to photograph, record, and use my (or my child's) name, image, likeness, and voice in any media, now known or later developed, for promotional, educational, or commercial purposes, without compensation. I waive any right to inspect or approve such materials and release the Released Parties from any claims arising from such use, including claims for invasion of privacy or misappropriation of likeness unless

_____ _____
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)_____

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.

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Present Address: _____

City_____ County_____ State _____Zip _____

Date of Birth _____Place of birth_____ Gender_____ Race _____

Social Security No._____ Driver License Number & State _____ _____

Reference Information
Name 1_____ Telephone # _____E-mail_____
Name 2_____ 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? _____

2. In what ministry have you observed the applicant?

_____
_____
_____

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

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

5. 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?

_____
_____

7. 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.