SESSION OPTIONS

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<th>By May 31st</th>
<th>Price June 1st</th>
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<tr>
<td>Work Crew #1</td>
<td>July 3 - July 27th</td>
<td>$400</td>
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<tr>
<td>Work Crew #2</td>
<td>Aug 1 - August 24th</td>
<td>$400</td>
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Work crew is for 14-16 year olds who want a summer to remember forever! Enjoy weeks of incredible community, work experience, faith development, good fun and leadership training. Find an application at www.lakeofthetrees.com

CONTACT INFORMATION

Lake Of The Trees Bible Camp
PO Box 9, Forest Grove, BC, V0K 1M0
Phone: 250-791-5502 Fx: 250-791-5518
Email: info@lakeofthetrees.com
www.lakeofthetrees.com
**ARE YOU READY TO MAKE A DIFFERENCE? ASK NOT WHAT YOUR CAMP CAN DO FOR YOU, ASK WHAT YOU CAN DO FOR YOUR CAMP!**

God has used Lake Of The Trees Bible Camp since 1960 to introduce thousands of children and youth to Jesus Christ. This summer we plan to host over 600 campers and give each one an opportunity to experience unconditional love, fun, excitement, laughter and joy. More significantly, we want to challenge each one to respond to Jesus Christ’s invitation to “Follow me”.

Christian camping is one of the most effective tools of outreach and discipleship in North America today. If you have a passion for God and a desire to serve Him by loving children, Lake Of The Trees may be the place for you. There will be only 10 male and 10 female openings per session. Don’t let this summer pass by without making the most of it. Follow His leading and be part of what God is doing in the lives of others... He is able to use you beyond your dreams!

**WORK CREW** is a fantastic way to prepare for a full summer of service at camp as a future leader. Lake Of The Trees is looking for young people who can demonstrate an ability to quietly serve others with joy without seeking attention or glory. Work Crew may be the most difficult thing you’ve ever done, but it may also be one of the most powerful experiences of your life. Students who have successfully completed Work Crew sessions will be given preference as future summer staff.

I see the character and friendships built through Work Crew. Take a risk and learn to be a servant this summer!

**LAKE OF THE TREES MISSION STATEMENT**

*Showing God’s love to children, youth & families of the BC Cariboo Interior through fun, Bible centered camping.*

*Tom McIntosh, Camp Director*

**LIFE OF A WORK CREW MEMBER**

**SPIRITUAL GROWTH** – You will be challenged and stretched as you build relationships through the daily work, community living, activities, Bible studies, and discussion times. You will be asked to go beyond your normal limits. In doing so, you will be able to see God work in and through you. Whatever the summer brings, it will provide ample opportunity for you to trust God more.

**WORK EXPERIENCE** – Work Crew members work hard during camp. Cleaning dishes (up to 400 place settings daily!), toilets, sinks, and floors takes up a huge part of every day (don’t think you are coming for a vacation!). There will also be opportunities to develop skills in a variety of outdoor/work related activities such as landscaping, firewood, painting and other projects. During the session, the work crew leadership will be doing interview style evaluations, followed up with a written evaluation which can be used as a future job reference. Our goal is to introduce members to a good representation of the workplace and give some needed skills to succeed. It’s been said that camp is the place with the longest days and the shortest weeks! You’ll know what this means if you sign up!

**WHAT TO EXPECT** – Besides all of the hard work there will be time for recreation – tubing, swimming, climbing wall, kayaking, hiking, beach volleyball, campfires, and more! Your day will also include Bible study and discussions, laughter, spontaneous fun, leadership training and many new relationships that become deep and rich as the days go by. You can also look forward to your afternoon siesta which you’ll need after the early starts to each day.

Please do not bring any electronic devices (cameras are OK) and allow yourself to enjoy the fresh air and nature without any distractions.

There is a Dress Code and Code of Conduct (refer to Work Crew Manual upon acceptance). Come with your work boots/gloves and an attitude ready to learn, grow, have fun and make memories that will last forever. Please don’t hesitate to call the Work Crew leadership if you have any questions.
I am applying for:  
[ ] WC #1  July 3 – July 27, 2019  EarlyBird (before May 31)  Fee (After May 31)  
[ ] WC #2  Aug. 1 – Aug. 24, 2019  $400 ($20.00 GST)  $440 ($22.00 GST)  
[ ] WC #3  Aug. 25 – Sept. 1, 2019  (by Work Crew Boss invitation)  

• Note: Extra Tuck Bucks can be deposited at Work Crew check in at 2:00 pm on beginning day  
• One Tuck Item per day included in the above fees  
• Applicants not accepted on Work Crew will receive a full refund of all fees paid.

WORK CREW DISCIPLESHIP APPLICATION

Lake Of The Trees Bible Camp (LOTT) will screen applicants for Work Crew to ensure participants are aware of what is required of them, and to help maintain the overall quality of experience. Work Crew is demanding and the days are long, but the rewards are great! It is our hope that Work Crew will teach servant-leadership, provide an experience of Christian community, facilitate the formation of lifelong friendships, and encourage young people in their faith. Participants will spend a major portion of their time working as a group doing dishes, cleaning washrooms, and other ‘behind the scenes’ jobs. In addition, time will be spent daily in Bible Study, leadership training, and discussion. Recreation is also scheduled daily. Please see inside back page of this application package for more complete program information.

Please type or print clearly using dark ink pen. Attach a recent photo and email, mail or fax in your completed application. Applications cannot be processed until Reference Forms have been received. You must have completed at least grade 8 by June, 2019 and turned 14 years by December 31st, 2019 up to age 16 to apply.

PERSONAL INFORMATION

Applicant Name: ___________________________  □ M  □ F  Birthdate (mm/dd/yy): ________

Address: ___________________________  ___________________________  Street/Box: ______

Applied Phone: (_____) ___________  Applicant Email: ___________________________

City: ___________________________  Province: ______  Postal Code: ______

Grade Completed June, 2019: ______  School Name: ___________________________

Church (if any): ___________________________  Pastor’s Name: ______________________  Phone: ___________

T-Shirt Size: □ S  □ M  □ L  □ XL  □ 2XL  Hoodie Size: □ S  □ M  □ L  □ XL  □ 2XL

Parent(s)/Guardian(s) Name(s): ___________________________  ___________________________

Parent/Guardian Phone: Home ___________________________  Work ___________________________  Cell ___________________________

Parent/Guardian Email: ___________________________

Family Status: □ Married  □ Separated  □ Divorced  □ Single Mom  □ Single Dad  □ Other

Custody: □ Both Parents  □ Mom  □ Dad  □ Joint  □ Grandparent(s)  □ Guardian(s)  □ Other

COMMITMENTS AND PLEDGE

I have considered the matter carefully, and I am willing to be subject to the jurisdiction of LOTT while I am on Work Crew including the days between camps. I understand that my services are voluntary and I choose to cooperate fully and to maximize every opportunity for personal and spiritual growth. I understand that applicants are selected on the basis of attitude, character, and leadership potential. I understand that anyone demonstrating a poor attitude or a poor quality of service is subject to dismissal. I will abstain from occult activity, wica, spiritual activities not centered on Jesus, suicidal thoughts, cutting, eating disorders, tobacco, alcohol, non-prescription drugs, sexual contact, or pornography. I agree with the Mission Statement of LOTT (see inside application cover). I will allow pictures of myself to be used for the purpose of promoting LOTT at the discretion of the camp.

Signature of Applicant Date Signature of Parent / Guardian

Office Use Only

☑ Accepted  ☐ Not Accepted

Date: ______________________  Notified: ______________________
CONFIDENTIAL SELF EVALUATION

Please check the statement that best applies to you.

1. Responsibility
   ________ Excellent – follows through on assigned tasks and goes the extra mile
   ________ Good – follows through on assigned tasks with diligence
   ________ Average – usually finishes assigned tasks
   ________ Poor – follows through on assigned tasks if convenient

2. Work Habits
   ________ Excellent – takes pride in a job well done, smiles even during unpleasant jobs
   ________ Good – hard working, dependable, punctual
   ________ Average – completes most assignments, follows instructions
   ________ Poor – often late, procrastinates, does just enough to get by

3. Respect for Authority
   ________ Excellent – careful to maintain authority of leadership
   ________ Good – respectfully follows chain of command
   ________ Average – positive response to direction
   ________ Poor – contemptuous, non-responsive, has a better way

4. Initiative
   ________ Excellent – highly self-motivated, will look for things to do
   ________ Good – will do things that need to be done
   ________ Average – will do the obvious
   ________ Poor – needs to be told what to do

5. Leadership
   ________ Excellent – leader of leaders, pacesetter
   ________ Good – consistent, positive, influential
   ________ Average – contributes positively
   ________ Poor – passive, indifferent, or negatively influential

6. Judgment
   ________ Excellent – consistently makes wise decisions
   ________ Good – makes wise decisions
   ________ Average – makes good decisions in optimal situations
   ________ Poor – hasty; indecisive; easily swayed

7. Concern for Others
   ________ Excellent – deeply sensitive to all others; puts others before self
   ________ Good – sensitive to others, usually looks out for others first
   ________ Average – general concern for most others
   ________ Poor – concern only for friends, lacks a real interest for others

8. Personal Integrity
   ________ Excellent – extremely high values and consistently trustworthy
   ________ Good – high values and very trustworthy
   ________ Average – generally honest but may stretch the truth
   ________ Poor – questionable or lacking at times

9. Team Spirit
   ________ Excellent – always considerate, thoughtful, cooperative, a peacemaker
   ________ Good – approachable, team builder, responds well to correction
   ________ Average – usually cooperative, supportive, maintains team
   ________ Poor – causes friction, impatient, works best alone, hard to talk to

10. Social Skills
    ________ Excellent – respects and honors others, rich and growing relationships, includes outsiders
    ________ Good – healthy friendships, relates well to others, makes new friends easily
    ________ Average – some good friends, can relate positively with others
    ________ Poor – few friends, lack of respect for others, socially awkward

11. Spiritual Maturity
    ________ Excellent – an inspiration to others, actively involved in church
    ________ Good – studies Bible and applies it, enjoys sharing faith
    ________ Average – up and down, finds it difficult to share testimony
    ________ Poor – weak testimony, lacks enthusiasm for God

12. Personality – Please check only those that apply to you. Please include negative characteristics – none of us are perfect! The point of this is to help us get an accurate picture of you.

   ___________ Abrasive
   ___________ Discerning
   ___________ Gracious, Hospitable
   ___________ Organized

   ___________ Adventurous
   ___________ Disciplined
   ___________ Gregarious
   ___________ Perfectionist

   ___________ Amiable
   ___________ Disruptive
   ___________ Helpful, Generous
   ___________ Poor Communicator

   ___________ Analytical
   ___________ Easily offended
   ___________ Independent
   ___________ Resourceful

   ___________ Angry, Bitter
   ___________ Encouraging
   ___________ Industrious, Hard-working
   ___________ Risk Taker

   ___________ Arrogant, Vain
   ___________ Enthusiastic
   ___________ Initiator
   ___________ Self-Centered

   ___________ Assertive
   ___________ Expressive
   ___________ Joyful
   ___________ Servant-hearted

   ___________ Blunt
   ___________ Extrovert
   ___________ Kind, Courteous
   ___________ Stubborn

   ___________ Confident, Self-assured
   ___________ Focused
   ___________ Lazy, Slothful
   ___________ Tactful, Sensitive

   ___________ Creative
   ___________ Forgiving
   ___________ Manipulative, Controlling
   ___________ Teachable

   ___________ Critical
   ___________ Friendly
   ___________ Motivated
   ___________ Tolerant, Patient

   ___________ Dedicated, Loyal
   ___________ Fun, Playful
   ___________ Musical
   ___________ Trustworthy

   ___________ Dependable
   ___________ Gentle
   ___________ Open minded
   ___________ Withdrawn, Loner

   ___________ Diligent
   ___________ Gossip
   ___________ Optimistic
   ___________ Zealous
Please answer each question fully. Point form is adequate for most questions. Be sure to read all of the questions before you begin writing, and be sure each answer reflects the question asked.

**GENERAL INFORMATION**

1. Outline any past involvement with LOTT and the impact camp had on your life.

2. What do you hope to gain from being on Work Crew at this year?

3. How will you contribute to Work Crew and to LOTT?

4. List any work experience you have and name of employer (include volunteer work).

<table>
<thead>
<tr>
<th>Company / Organization / Dates</th>
<th>Contact Name</th>
<th>Phone</th>
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</tbody>
</table>

**FAITH**

5. Please describe when and how Jesus Christ became personal to you (your conversion).
6. Summarize what God has been doing in your life over the past couple of years.


7. Outline your current involvement in the local church.


8. Please explain any use of (or involvement in) occult activity, wica, spiritual activities not centered on Jesus, suicidal thoughts, cutting, eating disorders, tobacco, alcohol, non-prescription drugs, sexual contact, or pornography during the past year. Explain your present belief or attitude regarding these items.


REFERENCES

Two reference forms are included with this application. It is your responsibility to give these to people who will be able to accurately assess your character, abilities, and spiritual growth. Completed forms should be mailed directly to:

Lake Of The Trees Bible Camp
P.O. Box 9
Forest Grove, BC V0K-1M0
Phone: (250) 791-5502
Fax: (250) 791-5518
Email address: info@lakeofthetrees.com

I give permission to LOTT to contact previous employers and references for further information.

_________________________  ______________________  ______________________
Signature of Applicant                  Date                     Signature of Parent / Guardian

Please provide the names and contact information of the two references you will be sending the Reference Forms to:

Reference #1
Name: ___________________________ Email/Phone: ___________________________

Reference #2
Name: ___________________________ Email/Phone: ___________________________
Lake Of The Trees Bible Camp (LOTT) is a vibrant Christian outreach ministry directed towards children and teenagers. Each week up to 90 campers experience what we hope will be a fun and Bible centered camp. It is our desire to make Jesus Christ known to kids, and to encourage them to love and follow Him throughout their lives. Work Crew plays a central role in the life of camp by providing hundreds of hours of service (washing dishes, cleaning bathrooms, sweeping and mopping, outside projects … etc.). Work Crew are ‘campers’ and as such they are assigned leaders (Work Crew Bosses) who work & live with them, and instruct them through Bible Study and Leadership Training. Because Work Crew is such an intense experience in work and community life, we screen our applicants to ensure quality. Please be thorough and honest in your evaluation; your input is an important factor in our selection process! Thank you for taking the time to complete this form. Please mail or fax directly to LOTT as soon as possible. If you fax this form, please mail the original as well. Please be aware that we cannot process this person’s application until we receive this form from you. If you have further comments, please add to another sheet. Please do not return this form to the Applicant.

REFERENCE INFORMATION – Note: The information you provide in this reference will be held in confidence.

Name: ____________________________ Position: ____________________________ Church: ____________________________
Phone: ( ) ____________________________ Work: ( ) ____________________________ Fax: ( ) ____________________________
Address: ____________________________

☐ I highly recommend ☐ I recommend ☐ I recommend with reservations ☐ I do not recommend
this applicant for the position indicated.

Date: __________ Signature: __________

YOUR EXPERIENCE WITH THE APPLICANT

1. How long have you known the Applicant? In what capacity / relationship?
________________________________________________________________________________________

2. What has been your personal involvement with this Applicant this year?
________________________________________________________________________________________

3. To your knowledge, how long has this person been a Christian?
________________________________________________________________________________________

4. What has been his/her involvement with church in the past and this year?
________________________________________________________________________________________

5. The Applicant’s outstanding qualities (physical, emotional, and spiritual) are:
________________________________________________________________________________________

6. The qualities the Applicant could improve on (physical, emotional, and spiritual) are:
________________________________________________________________________________________

7. Are you aware of any limitations (physical, emotional, and spiritual) that may impair or constrain this person’s involvement or effectiveness?
________________________________________________________________________________________

8. In what way would this person benefit from volunteering at LOTT?
________________________________________________________________________________________

9. What special contributions do you feel this Applicant would make to the camping program?
________________________________________________________________________________________

10. What is your estimate of the Applicant’s spiritual influence on his/her associates?
________________________________________________________________________________________

11. To your knowledge has the Applicant been involved with occult activity, wica, spiritual activities not centered on Jesus, suicidal thoughts, cutting, eating disorders, tobacco, alcohol, non-prescription drugs, sexual contact, or pornography in the past 12 months? If yes, please explain:
________________________________________________________________________________________

12. Would you desire to see your children placed under the care of this person? Please explain:
________________________________________________________________________________________
13. Responsibility

| Excellent | follows through on assigned tasks and goes the extra mile |
| Average | usually finishes assigned tasks |
| Poor | follows through on assigned tasks if convenient |

14. Work Habits

| Excellent | takes pride in a job well done, smiles even during unpleasant jobs |
| Good | hard working, dependable, punctual |
| Average | completes most assignments, follows instructions |
| Poor | often late, procrastinates, does just enough to get by |

15. Respect for Authority

| Excellent | careful to maintain authority of leadership |
| Good | respectfully follows chain of command |
| Average | positive response to direction |
| Poor | contemptuous, non-responsive, has a better way |

16. Initiative

| Excellent | highly self-motivated, will look for things to do |
| Good | will do things that need to be done |
| Average | will do the obvious |
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| Excellent | consistently makes wise decisions |
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| Average | makes good decisions in optimal situations |
| Poor | hasty; indecisive; easily swayed |

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| Excellent | deeply sensitive to all others; puts others before self |
| Good | sensitive to others, usually looks out for others first |
| Average | general concern for most others |
| Poor | concern only for friends, lacks a real interest for others |

20. Personal Integrity

| Excellent | extremely high values and consistently trustworthy |
| Good | high values and very trustworthy |
| Average | generally honest but may stretch the truth |
| Poor | questionable or lacking at times |

21. Team Spirit

| Excellent | always considerate, thoughtful, cooperative, a peacemaker |
| Good | approachable, team builder, responds well to correction |
| Average | usually cooperative, supportive, maintains team |
| Poor | causes friction, impatient, works best alone, hard to talk to |

22. Social Skills

| Excellent | respects and honors others, rich and growing relationships, includes outsiders |
| Good | healthy friendships, relates well to others, makes new friends easily |
| Average | some good friends, can relate positively with others |
| Poor | few friends, lack of respect for others, socially awkward |

23. Spiritual Maturity

| Excellent | an inspiration to others, actively involved in church |
| Good | studies Bible and applies it, enjoys sharing faith |
| Average | up and down, finds it difficult to share testimony |
| Poor | weak testimony, lacks enthusiasm for God |

24. Personality – Please check only those that apply to the Applicant. Please include negative characteristics – none of us are perfect! The point of this is to help us get an accurate picture of the Applicant.

| Abrasive | Discerning | Gracious, Hospitable | Organized |
| Adventurous | Disciplined | Gregarious | Perfectionist |
| Amiable | Disruptive | Helpful, Generous | Poor Communicator |
| Analytical | Easily offended | Independent | Resourceful |
| Angry, Bitter | Encouraging | Industrious, Hard-working | Risk Taker |
| Arrogant, Vain | Enthusiastic | Initiator | Self-Centered |
| Assertive | Expressive | Joyful | Servant-hearted |
| Blunt | Extrovert | Kind, Courteous | Stubborn |
| Confident, Self-assured | Focused | Lazy, Slothful | Tactful, Sensitive |
| Creative | Forgiving | Manipulative, Controlling | Teachable |
| Critical | Friendly | Motivated | Tolerant, Patient |
| Dedicated, Loyal | Fun, Playful | Musical | Trustworthy |
| Dependable | Gentile | Open minded | Withdrawn, Loner |
| Diligent | Gossip | Optimistic | Zealous |
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Lake Of The Trees Bible Camp (LOTT)
Please Mail to: Box 9, Forest Grove, BC V0K-1M0
Phone: (250) 791-5502 Fax: (250) 791-5518 Email: info@lakeofthetrees.com

APPLICATION INFORMATION (Applicant, please complete this section.)
Name: ___________________________ Phone: ( ) _______________ Work Crew Session Applied for: _________

TEACHER / NON-RELATED ADULT REFERENCE

REFERENCE INFORMATION – Note: The information you provide in this reference will be held in confidence.

Name: ___________________________ Position: ___________________________ Organization: ___________________________
Phone: ( ) _______________________ Work: ( ) __________________ Fax: ( ) __________________
Address: ___________________________

I □ highly recommend □ recommend □ recommend with reservations □ do not recommend
this applicant for the position indicated.

Date: ________________ Signature: __________________________

YOUR EXPERIENCE WITH THE APPLICANT

1. How long have you known the Applicant? In what capacity / relationship? __________________________
2. What has been your personal involvement with this Applicant this year? __________________________
3. To your knowledge, is this Applicant a Christian? If yes, how long? __________________________
4. What has been his/her involvement with church in the past and this year? _________________________
5. The Applicant’s outstanding qualities are: ______________________________________________________
6. The qualities the Applicant could improve on are: _______________________________________________
7. Are you aware of any limitations that may impair or constrain this person’s involvement or effectiveness? ________________________________________________________________
8. In what way would this person benefit from volunteering at LOTT? _________________________________
9. What special contributions do you feel this Applicant would make to the Work Crew program? ______
10. What is your estimate of the Applicant’s spiritual influence on his/her associates? ________________
11. To your knowledge has the Applicant been involved with occult activity, wica, spiritual activities not centered on Jesus, suicidal thoughts, cutting, eating disorders, tobacco, alcohol, non-prescription drugs, sexual contact, or pornography in the past 12 months? If yes, please explain. ________________________________________________________________
12. Would you desire to see your children placed under the care of this person? Please explain: _______
Please check your perception of the Applicant on the characteristics listed below. If you have no basis for judgment on a certain characteristic, please put N/A beside the characteristic.

13. Responsibility
   _______ Excellent – follows through on assigned tasks and goes the extra mile
   _______ Good – follows through on assigned tasks with diligence
   _______ Average – usually finishes assigned tasks
   _______ Poor – follows through on assigned tasks if convenient

14. Work Habits
   _______ Excellent – takes pride in a job well done, smiles even during unpleasant jobs
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   _______ Average – positive response to direction
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   _______ Poor – hasty; indecisive; easily swayed

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   _______ Poor – questionable or lacking at times

21. Team Spirit
   _______ Excellent – always considerate, thoughtful, cooperative, a peacemaker
   _______ Good – approachable, team builder, responds well to correction
   _______ Average – usually cooperative, supportive, maintains team
   _______ Poor – causes friction, impatient, works best alone, hard to talk to

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   _______ Excellent – respects and honors others, rich and growing relationships, includes outsiders
   _______ Good – healthy friendships, relates well to others, makes new friends easily
   _______ Average – some good friends, can relate positively with others
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23. Spiritual Maturity
   _______ Excellent – an inspiration to others, actively involved in church
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24. Personality – Please check only those that apply to the Applicant. Please include negative characteristics – none of us are perfect! The point of this is to help us get an accurate picture of the Applicant.

   _______ Abrasive
   _______ Adventurous
   _______ Amiable
   _______ Analytical
   _______ Angry, Bitter
   _______ Arrogant, Vain
   _______ Assertive
   _______ Blunt
   _______ Confident, Self-assured
   _______ Creative
   _______ Critical
   _______ Dedicated, Loyal
   _______ Dependable
   _______ Diligent
   _______ Discerning
   _______ Disciplined
   _______ Disruptive
   _______ Easily offended
   _______ Encouraging
   _______ Enthusiastic
   _______ Expressive
   _______ Extrovert
   _______ Focused
   _______ Forgiving
   _______ Friendly
   _______ Fun, Playful
   _______ Gentle
   _______ Gossip
   _______ Gracious, Hospitable
   _______ Gregarious
   _______ Helpful, Generous
   _______ Independent
   _______ Industrious, Hard-working
   _______ Initiator
   _______ Joyful
   _______ Kind, Courteous
   _______ Lazy, Slothful
   _______ Manipulative, Controlling
   _______ Motivated
   _______ Musical
   _______ Open minded
   _______ Optimistic
   _______ Organized
   _______ Perfectionist
   _______ Poor Communicator
   _______ Resourceful
   _______ Risk Taker
   _______ Self-Centered
   _______ Servant-hearted
   _______ Stubborn
   _______ Tactful, Sensitive
   _______ Teachable
   _______ Tolerant, Patient
   _______ Trustworthy
   _______ Withdrawn, Loner
   _______ Zealous
2019 WORK CREW
HEALTH HISTORY & LIABILITY WAIVER

Work Crew Name (Last) ______________________ (First) ______________________
Medical insurance _____________________________ Province/State

PHYSICIAN INFO
Name of family physician
Telephone # _____________________________
Last examination MM/DD/YYYY _____ / _____ /

HEALTH HISTORY
ALLERGIES:
• Drugs: _____________________________
• Food: _____________________________
• Insect Stings or Bites: _____________________________
• Seasonal Allergies (i.e. Hay fever): _____________________________
• Other: _____________________________
• Reactions: _____________________________
• Carries Ana-Kit? ☐ Yes ☐ No
• Carries EpiPen? ☐ Yes ☐ No

RECENT ILLNESS, OPERATIONS or INJURIES

Are you under any form of treatment/medication for any illness, condition or injury? ☐ Yes ☐ No
If yes, please explain _____________________________
Will this condition limit or affect participation in activities ☐ Yes ☐ No
If yes, please explain _____________________________

IMMUNIZATION/BOOSTERS UP TO DATE?
☐ TdP (Tetanus, diphtheria, polio)
☐ MMR (Measles, Mumps, Rubella)
☐ Chicken Pox
☐ Hepatitis B
☐ HIB

COMMUNICABLE DISEASES AND APPROX DATES
Chicken Pox _____________________________
Hepatitis _____________________________
Whooping Cough _____________________________
Other: _____________________________

OTHER HEALTH ISSUES
Please check any applicable areas
☐ Asthma ☐ Hearing Aids
☐ Hearing Difficulties ☐ Behavioral Concerns
☐ Heart Disease/Defect ☐ Vision Difficulties
☐ Clotting Disorders ☐ Headaches
☐ Dental Appliances ☐ Hypertension
☐ Diabetes ☐ Nightmares
☐ Eating Disorders ☐ Seizure Disorders
☐ Eye Glasses/Contacts ☐ Skin Conditions
☐ Sleepwalking ☐ Urinary Tract Infection
☐ Emotional/Physical Limitations
☐ Frequent Colds/Sinus Trouble
☐ Frequent Earaches/Infections
☐ Head Lice – will be inspected upon arrival
Other: _____________________________

☐ Do you wear glasses/contact lenses? ☐ Yes ☐ No
☐ Do you have dental appliances? ☐ Yes ☐ No
☐ Do you require hearing devices? ☐ Yes ☐ No
☐ Explanation and treatment of above concerns: _____________________________

OVER THE COUNTER MEDICATIONS
I GRANT APPROPRIATE CAMP STAFF PERMISSION TO GIVE MY CHILD THESE MEDICATIONS IF NECESSARY
Cough syrup (no codeine) ☐ Yes ☐ No
Pepto Bismol (or generic brand) ☐ Yes ☐ No
Decongestant ☐ Yes ☐ No
Gravol (anti-nausea) ☐ Yes ☐ No
Throat lozenges ☐ Yes ☐ No
Chlorotriptol or Benadryl (anti-histamine) ☐ Yes ☐ No
Tylenol (or generic brand) ☐ Yes ☐ No
Advil (or generic brand) ☐ Yes ☐ No
Homeopathic Remedies (essential oils, etc) ☐ Yes ☐ No

***TURN OVER AND FILL OUT OTHER SIDE***
MEDICATIONS BEING SENT
(if you need more space, please write on another paper)

1. Medication Name ____________________________
   • Dosage ________________________________
   • Administration Times ____________________________
   • Reasons for Taking ____________________________

2. Medication Name ____________________________
   • Dosage ________________________________
   • Administration Times ____________________________
   • Reasons for Taking ____________________________

3. Medication Name ____________________________
   • Dosage ________________________________
   • Administration Times ____________________________
   • Reasons for Taking ____________________________

***ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINERS AND CLEARLY LABELLED***

Does the camper take any other medications that will not be sent to camp? □ Yes □ No
If Yes, please explain: ____________________________

DIETARY RESTRICTIONS or CHOICES

ACTIVITIES TO BE ENCOURAGED OR LIMITED

AUTHORIZATION

I hereby give consent for my child’s participation in the camp and related activities. I understand that the camp programming includes physical activity in the form of a variety of sports and recreational activities. I agree that Lake Of The Trees Bible Camp and One Hope Ministries of Canada will not be held liable for any injury to my child, or loss or damage to my child’s personal property.

In consideration of my child being allowed to participate in the camp, I, the parent/guardian of the child, on my own behalf and on behalf of my child, waive all present and future claims against Lake Of The Trees Bible Camp and One Hope Ministries of Canada and its directors, volunteers, employees, officers, servants, representatives, insurers and agents (and their respective successors and assigns) (collectively, the “Releasees”) and hereby release the Releasees from and against all liabilities, claims, actions, demands, costs and expenses relating to injury, illness, death, loss, damage to person or property or loss of property, foreseen or unforeseen, howsoever caused (including any negligence of any one or more of the Releasees), arising out of or in connection with my child’s participation in the camp.

I also agree to indemnify the Releasees for any claim advanced against any of them arising out of my child's participation in the camp.

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment, services and transport necessary to maintain the health of my child. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and or private medical insurance. I agree that the information on this form may be disclosed to such emergency and health care personnel. In the event of illness, accident, emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to Lake Of The Trees Bible Camp and One Hope Ministries of Canada.

All known health issues of my child have been stated to the camp. I will notify the camp if my child is exposed to any infectious diseases prior to arriving at camp. I give permission for camp personnel to check my child for head lice and realize that they cannot participate in camp if found to be infected.

I agree to allow photographs or video of camp activities, which may include my child, to be used in camp promotional material including without limitation brochures, CDs, DVDs, the camp website and newsletters.

I agree to allow Lake Of The Trees Bible Camp and One Hope Ministries of Canada to share my name, address & phone number with staff & churches affiliated with the camp for the purpose of communicating future camp-related activities.

Lake Of The Trees Bible Camp and One Hope Ministries of Canada reserves the right to request any participant to withdraw from their camp if the participant is not acting in an appropriate and responsible manner.

Lake Of The Trees Bible Camp reserves the right to cancel any session of Work Crew and refund at the Directors discretion.

I have read and understood the terms of this agreement and BY ALLOWING MY CHILD to participate in the camp, I am voluntarily agreeing to abide by these terms. I confirm that the participant [my child] is physically and mentally able to participate in all activities of the camp, unless specifically indicated otherwise in writing.

SIGNATURE

Name Of Parent / Guardian -Please print ____________________________

Signature ____________________________

Date MM/DD/YYYY ____/_____/__________

*** CHECK OTHER SIDE IS FILLED OUT ***
LAKE OF THE TREES BIBLE CAMP & ONE HOPE MINISTRIES OF CANADA
INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

WARNING! By signing this document you will waive certain legal rights, including the right to sue. Please read carefully.

1. This is a binding legal agreement; therefore clarify any questions or concerns before signing. As a Participant in camps, events, programs, and activities organized, operated or conducted by Lake Of The Trees Bible Camp and One Hope Ministries of Canada (collectively the “Events”), the undersigned, being the Participant and the Parent/Guardian of the Participant (collectively the “Parties”) acknowledge and agree to the following terms:

DISCLAIMER
2. Lake Of The Trees Bible Camp and One Hope Ministries of Canada and its directors, officers, committee members, members, employees, volunteers, participants, agents and representatives (collectively the “Organization”) are not responsible for any injury, personal injury, damage, property damage, expense, loss of income, or loss of any kind suffered by a Participant during, or as a result of, participating with the Organization and/or in any Events, caused by the risks, dangers and hazards associated with the Organization and/or the Events.

Description of Risks
3. The Participant is participating voluntarily with the Organization and/or in the Events. In consideration of the Participant’s participation in with the Organization and/or in the Events, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and may be exposed to such risks, dangers, and hazards. The risks, dangers, and hazards include, but are not limited to, injuries from participating in or with the following activities or equipment: Blob & Tower, Model Rocketry, Kayaking, Tubing, Horsemanship, Fishing, Jungle Swing, Climbing Tower, Waterslide, Wakeboarding, Waterski, Canoeing, Archery, Knee Boarding, Pelly

4. The risks, dangers, and hazards also include, but are not limited to, injuries from:
   a) Failing to comply with the rules established for participation.
   b) Bad weather conditions including sunstroke, hypothermia, or dehydration.
   c) Vigorous physical exertion, rapid movements, and quick turns and stop.
   d) Failing to remain within designated areas and supervised activities.

Furthermore, the Parties are aware:
   a) That the Participant’s risk of injury is reduced if he or she follows all rules established for participation; and
   b) That the Participant’s risk of injury increases as he or she becomes fatigued.

Release of Liability
5. In consideration of the Organization allowing the Participant to participate, the Parties agree:
   a) To freely accept and fully assume all such risks, dangers and hazards and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from participating with the Organization and/or in the Events; and
   b) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of the Participant’s participation with the Organization and/or in the Events, or from the physical risks associated with same.

Acknowledgement
6. The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, executors, administrators and representatives.

PRINTED NAME OF WORK CREW MEMBER ________________________________
SIGNATURE OF WORK CREW MEMBER ________________________________
DATE OF BIRTH (ages 13-17 only) ________________________________

PRINTED NAME OF PARENT OR GUARDIAN ________________________________
SIGNATURE OF PARENT OR GUARDIAN ________________________________
DATE ________________________________
Dear Lake Of The Trees Work Crew Applicant,

We are looking forward to a great experience for Work Crew. Part of that experience is paintball, a popular and high tech game. We are thankful for years of enjoyment and safety on the Lake Of The Trees paintball field. We are committed to make that happen again.

Part of any recreational enjoyment is an element of risk. Our insurance provider asks all participants and their parent/guardian to sign this liability waiver. You cannot participate in paintball without this signed form. Please send it in with your Work Crew application.

Thank you,

Tom McIntosh – Director.

LAKE OF THE TREES BIBLE CAMP / ONE HOPE MINISTRIES OF CANADA
PAINTBALL WAIVER

THIS IS A LIABILITY RELEASE – PLEASE READ BEFORE SIGNING. THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY PAINTBALL RELATED ACTIVITY OR EVEN AND/OR FOR NON-PARTICIPANTS WISHING TO ENTER INTO AREAS DESIGNATED FOR PAINTBALL USE.

__________________________________________
DATE OF BIRTH:

PARTICIPANT’S NAME (Please Print)

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of paintball OR to enter into an area designated for paintball use at One Hope Ministries of Canada and Lake Of The Trees Bible Camp.

I acknowledge, appreciate and agree that:
1. The risk of injury from the activity and equipment involved in paintball is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation;
3. I understand that the activities of paintball are physically, emotionally and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practicable;
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD One Hope Ministries of Canada and Lake Of The Trees Bible Camp, the owners and lessees of premises used to conduct the paintball activities, their officers, officials, agents and/or employees (“Release”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.
5. I understand and agree that this Release of Liability Agreement covers each and every paintball activity (to include Re-ball Arena and/or paintball shooting gallery) and event in which I participate hereafter.
6. I acknowledge that during the course of using the overall facility, my photograph may be taken by the Releasees or an agent or designee of the Releasees. I knowingly understand and give consent to any photograph or filmed image taken of me participating in any activity within the facility and said photographs or film shall become the property of the Releasees or any of its designees. The participant hereby grants the Releasees and/or its agents or designees permission to use any such photographs or films of himself/herself for use in materials promoting the Releasees. Such use may include publication in the local newspaper, website, brochures, general advertising and other vehicles that may be distributed to or otherwise seen by large numbers of individuals and potential patrons of the Releasees.
7. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

X ______________________ Date Signed: ___________ Phone #: __________________
Participant’s Signature

Street Address __________ City __________ Province __________ Postal Code __________ E-mail __________

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)
This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of the One Hope Ministries of Canada and Lake Of The Trees Bible Camp and all other Releasees but also to release and indemnify the Releasees from any and all liabilities to his/her involvement in these programs for myself, my heirs, assigns and next of kin.

X ______________________ Date Signed: ___________ Emergency #: __________________
Parent/Guardian’s Signature