

Lassen Pines Retreat Center  
2016 College Leaders in Training Application  
May 29, 2016-August 7, 2016  
8071 Mineral Road  
Viola, California 96088  
(530) 474-3160

\*\* To complete the application and acceptance process you must:

- \_\_\_ 1. Complete, Sign and Return the entire application.
- \_\_\_ 2. Provide a **copy of your medical insurance card** and a **completed immunization history**. STUDENTS MAY NOT STAY AT CAMP WITHOUT A COMPLETED IMMUNIZATION HISTORY.
- \_\_\_ 4. If you are new, please submit two evaluation forms (one from a pastor and one from a teacher or an employer).
- \_\_\_ 5. Return this Application ASAP.

Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Social Sec #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female **Shirt Size:** \_\_\_\_\_  
Year in College: \_\_\_\_\_ Major: \_\_\_\_\_  
School Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_(\_\_\_\_)\_\_\_\_\_ Work Phone: \_(\_\_\_\_)\_\_\_\_\_ Cell:\_(\_\_\_\_)\_\_\_\_\_

How did you hear about Lassen Pines? \_\_\_\_\_

Employment:

References: (Please list your last two employers along with phone numbers)

1.

2.

Have you ever been convicted of an offense involving a minor, or endangering the welfare of a child such as child abuse, child neglect, etc., or any offense against a person such as assault, etc..? Yes No

If Yes Explain: \_\_\_\_\_

Have you ever been convicted of anything other than a traffic violation? Yes No

If Yes Explain: \_\_\_\_\_

Please write a few words that best – describe you personal views on or participation in the following:

Alcohol: \_\_\_\_\_

Smoking: \_\_\_\_\_

Honesty: \_\_\_\_\_

1. Write a brief paragraph about your Salvation experience.

2. What are your strengths and weaknesses?

3. What Christian Service Experiences have you been involved in?

4. How have you grown spiritually in the last year? (high points/ low points)

5. What is the biggest struggle you have dealt with this year? (spiritual, social, personal, academic, etc.)

6. What are your personal and spiritual goals for your summer at Lassen Pines?

Circle your Areas of Interest:    Food Service    Maintenance    Housekeeping    Grounds  
  Dinning Room    Programming    Lifeguarding

# Lassen Pines Retreat Center

## Policies and Practices

\*\*\* Do not sign the bottom of your application until you have read the following carefully, understand and agree with it completely! \*\*\*

### General Policies:

**“Whatever you eat or drink or whatever you do, you must do it all for the glory of God.” 1 Corinthians 10:31**

Jesus Christ is glorified in everything we do! Therefore, we stand firm on His Word and His life’s example. Legalism is not the object, but those who we minister to need to see us as living examples of an exemplary way of life.

1. Our staff does not condone or personally use drugs, alcohol, or tobacco (chewing and dipping included), either on duty or off duty. We ask for and expect complete commitment to this! Can you represent (by your words and actions) this lifestyle to others on staff and to those attending our facility?

**“Or don’t you know that your body is the temple of the Holy Spirit, who lives in you and was given to you by God? You do not belong to yourself, for God bought you with a high price. So you must honor God with your body.” 1 Corinthians 6:19-20**

2. Integrity, loyalty, and honesty: you will be happy to be a part of a ministry where all members are loyal to each other. Lassen Pines is a unique place, as you will surely find. We try to maintain a “family type” relationship with each other. Occasionally, a fellow staff member will break a camp policy. All staff members must agree to immediately report any deviation of Lassen Pines’ rules, policies, and practices to those in authority. In signing this contract, you are giving your word that you will bring your knowledge of a breach of policy to a member of the leadership team where together we will work out a solution that will bring that person closer to Christ.

### General Appearance:

Lassen Pines staff members should convey a clean-cut “All-American” image to those to whom we serve. Below is a brief list of the guidelines we require while you are serving at Lassen Pines. These guidelines may not necessarily reflect the Biblical views of Lassen Pines, but are established to maintain a sense of uniformity and structure.

- Staff members may not have countercultural hairstyles (punk, extreme colors, etc.)
- Body piercings other than ear rings for the ladies are unacceptable.
- Ladies are to wear modest clothing (**no tight fitting tops, shorts or pants, no low cut tops or “short” shorts and no two piece swim suits.**)

### Dating:

Dating is not permitted while working at Lassen Pines. Staff members are not to pursue relationships with campers or other staff members. Interaction between staff members and campers should stay within the staff member’s job description. College students are permitted to date away from Lassen Pines on scheduled days off. High school staff members are not permitted to date, and college staff may not date high school staff members. Observance of this policy will be strictly upheld.

**Our Goal:**

Our leadership is prepared each summer to lead Bible studies for our staff. We want to do all we can not only to equip you for the summer, but to equip you for you life and future ministry. Your camp experience is a vital key to your personal and spiritual growth and your ability to lead others more effectively in the exciting days ahead.

**Guests:**

**No guests are allowed at camp without prior approval from a supervisor.**

**Personal Property/Valuables:**

- You should not bring **anything valuable** to camp. We will not be held responsible for lost or stolen items.
- Cellular Phones do not work on camp property; please do not bring them to camp.
- Computers are not permitted at camp.
- Personal entertainment devices are not permitted at camp (mp3 players, laptops, ipods, cd players, psps etc.)
- Staff members are not permitted to possess knives or firearms, while at camp.

**Time Off:**

Lassen Pines is a full-time ministry and each staff member is expected to be at camp at all times with the following exceptions.

- Time off according to the official camp schedule.
- Times announced by the camp leadership team.

I verify that all the information given on this application is true to the best of my knowledge. I have read the policies and practices form and agree to support and uphold its conditions while I am serving at Lassen Pines. By signing this form I also give permission to Lassen Pines/Youth Alive Inc. to do a complete background check on the student listed above.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Medical/Liability Release Form

You must complete this form before you can be accepted into the "Leaders in Training" program: Lassen Pines has the right to refuse any student who has medical conditions which are too serious to be dealt with in our camp environment or which will render him/her incapable of functioning at camp.

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Birth Date: \_\_\_/\_\_\_/\_\_\_ SSN# \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
 Medical Insurance Company Name: \_\_\_\_\_ Policy# \_\_\_\_\_  
 Address: \_\_\_\_\_

**In Case of Emergency Contact:**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

**SPECIAL MEDICAL PROBLEMS CONDITIONS OR RESTRICTIONS**

LIST MEDICATIONS (STATE LAW REQUIRES THAT ALL MEDICATIONS, INCLUDING VITAMINS, TYLENOL, ETC BE TURNED IN)  
 ALL MEDICATIONS **MUST** BE IN THEIR ORIGINAL CONTAINERS.

**MEDICATIONS ALLERGIC TO AND OVER THE COUNTER MEDICATIONS YOUR CAMPER MAY NOT HAVE**

- Penicillin     Sulfa     Aspirin     Other (Please list)

**ANY FOOD ALLERGIES**     NO     YES (PLEASE LIST)

**TROUBLE WITH BED WETTING**     YES     NO

**ABLE TO PURSUE ALL NORMAL ATHLETIC ACTIVITIES?**     YES     NO

**IF CAMPER HAS HAD ANY OF THE FOLLOWING PLEASE CHECK THE BOX AND INCLUDE YEAR OCCURRED:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Anemia                            | <input type="checkbox"/> Asthma                     | <input type="checkbox"/> Bronchitis                  |
| <input type="checkbox"/> Chicken Pox                       | <input type="checkbox"/> Chorea                     | <input type="checkbox"/> Chronic Intestinal Problems |
| <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Diphtheria                 | <input type="checkbox"/> Eczema                      |
| <input type="checkbox"/> Insulin                           | <input type="checkbox"/> Epilepsy                   | <input type="checkbox"/> Frequent Colds              |
| <input type="checkbox"/> Non-Insulin                       | <input type="checkbox"/> Frequent Sore Throats      | <input type="checkbox"/> HIV Positive                |
| <input type="checkbox"/> Hay Fever                         | <input type="checkbox"/> Hearing Problems           | <input type="checkbox"/> Hives                       |
| <input type="checkbox"/> Infectious Jaundice/<br>Hepatitis | <input type="checkbox"/> Inflammatory Bowel Disease | <input type="checkbox"/> Kidney Disease              |
| <input type="checkbox"/> Measles                           | <input type="checkbox"/> Malaria                    | <input type="checkbox"/> Malignancy                  |
| <input type="checkbox"/> Operations                        | <input type="checkbox"/> Mononucleosis              | <input type="checkbox"/> Mumps                       |
| <input type="checkbox"/> Pneumonia                         | <input type="checkbox"/> Orthopedic Problems        | <input type="checkbox"/> Otitis Media                |
| <input type="checkbox"/> Rheumatic Fever                   | <input type="checkbox"/> Polio Myelitis             | <input type="checkbox"/> Rheumatoid Arthritis        |
| <input type="checkbox"/> Sinusitis                         | <input type="checkbox"/> Rubella (German)           | <input type="checkbox"/> Scarlet Fever               |
| <input type="checkbox"/> Venereal Disease                  | <input type="checkbox"/> Speech Defect              | <input type="checkbox"/> Tuberculosis or TB Contact  |
|  | <input type="checkbox"/> Whooping Cough             |  |

**COMMENTS:**

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Immunization History	1st Dose	2nd Dose	3rd Dose	4th Dose	Last Dose
<b>Diphtheria &amp; Tetanus Toxoid DT</b> Five or more doses required. Most recent dose must be within 10 years prior to entry.					
<b>Polio Vaccine 5 (Live Oral Sabin)</b> Minimum of four doses for those 18 years of age or under for those 19 and over, record previous doses, but no additional doses should be given.					
<b>Refer to Immunity Schedule Printed Above</b>	<b>Measles</b>			<b>Individuals will not be allowed to attend camp without complete immunization history</b>	
	<b>Mumps</b>				
	<b>Rubella</b>				
<p>Proof of immunization, required by law, must contain SPECIFIC REFERENCES to those diseases, dates and doses. Immunizations must be updated if not in accordance with state regulations.</p> <ul style="list-style-type: none"> <li><b>Proof of Measles</b> means two doses of measles vaccine on or after your first birthday and at least 30 days apart (preferably three months), and/or a physician-documented history of the disease or serologic evidence of immunity.</li> <li><b>Proof of Rubella</b> means one dose of rubella vaccine on or after your first birthday or serologic evidence of immunity.</li> </ul> <p><b>Proof of Mumps</b> means one dose of mumps vaccine on or after your first birthday, a physician-documented history of the disease, or serologic evidence of immunity.</p>					

## Liability Release

Parents and guardians agree to be responsible for all medical bills incurred by their youth. In consideration of the acceptance of the applicant, the undersigned parent or guardian agrees that he/she, in his/her own behalf, and on behalf of his/her child, releases, indemnifies, and saves-harmless Lassen Pines Retreat Center/Youth Alive and its directors and officers, any or all staff from all claims, proceedings, damages, and expenses which may be brought or asserted against Lassen Pines/Youth Alive.

The undersigned do hereby authorize Lassen Pines/Youth Alive in Viola, CA. as agents for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon, licensed under the provision of the MEDICINE PRACTICE ACT or of any dentist licensed under the DENTAL PRACTICE ACT, at a hospital or elsewhere.

In the absence of parent or guardian, the above mentioned agent is authorized to make decisions concerning the positive health and welfare of this minor. I understand that all medications, vitamins, etc must be given to the camp nurse upon arrival and that they must be in the original containers. I hereby give permission to Youth Alive and its affiliates to administer over the counter medications to my child per manufacturers guidelines except as noted on this form.

This authorization will remain effective while the above minor is in the care of Lassen Pines/Youth Alive in Viola, CA. from the dates January 1, 2016 through and including December 31, 2016 unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

The information provided on this medical liability form including the health and immunization history is correct to the best of my knowledge.

**Signature(s): Legal Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

# **LASSEN PINES RETREAT CENTER SUMMER STAFF EVALUATION FORM**

*"THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE"*

WE ASK YOU FOR TWO REFERRALS FROM PEOPLE WHO KNOW YOUR ABILITIES TO FULFILL A SUMMER STAFF POSITION AT LASSEN PINES. CHOOSE SOMEONE WHO KNOWS YOU WELL AND HAS OBSERVED YOUR TESTIMONY AND CHARACTER.

**AUTHORIZATION TO RELEASE INFORMATION, APPLICANT MUST FILL IN THIS PORTION!**

I HEREBY AUTHORIZE \_\_\_\_\_ TO PROVIDE LASSEN PINES WITH THE INFORMATION BELOW. I RELEASE HIM/HER FROM ANY AND ALL LIABILITY FOR ANY DAMAGE INCURRED IN GIVING OF THIS INFORMATION.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ I HAVE KNOWN APPLICANT FOR \_\_\_\_ YEARS

**PLEASE EVALUATE APPLICANT IN THE FOLLOWING AREAS YOU HAVE KNOWLEDGE IN:**

PERSONALITY: [ ] QUIET [ ] SINCERE [ ] DETAILED [ ] LEADER [ ] FOLLOWER [ ] LIFE OF PARTY

SOCIAL INTERACTION: [ ] AVOIDED BY OTHERS [ ] WELL LIKED [ ] TOLERATED BY OTHERS

SPIRITUAL WALK SEEMS TO BE: [ ] CONSISTENT [ ] VARIABLE [ ] A STRUGGLE

LEADERSHIP: [ ] PREFERS TO LEAD [ ] MAKES SOME EFFORT TO LEAD [ ] LACKS LEADERSHIP ABILITY

HOW DOES APPLICANT RESPOND TO AUTHORITY? \_\_\_\_\_

DESCRIBE BRIEFLY YOUR RELATIONSHIP WITH THE APPLICANT: \_\_\_\_\_

DESCRIBE BRIEFLY THE APPLICANT'S TESTIMONY AND RELATIONSHIP WITH CHRIST: \_\_\_\_\_

APPLICANT'S GREATEST STRENGTHS? \_\_\_\_\_

APPLICANT'S WEAKNESSES? \_\_\_\_\_

**BASED UPON YOUR THOUGHTS AND EXPERIENCES WOULD YOU RECOMMEND THE APPLICANT?  
(CHECK 1 BOX BELOW, PLEASE BE SPECIFIC WITH YOUR COMMENTS.)**

\_\_\_\_ **Recommend Strongly (why?)** \_\_\_\_\_

\_\_\_\_ **With Reservation (why?)** \_\_\_\_\_

\_\_\_\_ **Not Recommended (why?)** \_\_\_\_\_

Reference Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

# LASSEN PINES RETREAT CENTER SUMMER STAFF EVALUATION FORM

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**AUTHORIZATION TO RELEASE INFORMATION, APPLICANT MUST FILL IN THIS PORTION!**

I HEREBY AUTHORIZE \_\_\_\_\_ TO PROVIDE LASSEN PINES WITH THE INFORMATION BELOW. I RELEASE HIM/HER FROM ANY AND ALL LIABILITY FOR ANY DAMAGE INCURRED IN GIVING OF THIS INFORMATION.

SIGNED: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ I HAVE KNOWN APPLICANT FOR \_\_\_ YEARS

**PLEASE EVALUATE APPLICANT IN THE FOLLOWING AREAS YOU HAVE KNOWLEDGE IN:**

PERSONALITY: [ ] QUIET [ ] SINCERE [ ] DETAILED [ ] LEADER [ ] FOLLOWER [ ] LIFE OF PARTY

SOCIAL INTERACTION: [ ] AVOIDED BY OTHERS [ ] WELL LIKED [ ] TOLERATED BY OTHERS

SPIRITUAL WALK SEEMS TO BE: [ ] CONSISTENT [ ] VARIABLE [ ] A STRUGGLE

LEADERSHIP: [ ] PREFERS TO LEAD [ ] MAKES SOME EFFORT TO LEAD [ ] LACKS LEADERSHIP ABILITY

HOW DOES APPLICANT RESPOND TO AUTHORITY? \_\_\_\_\_

DESCRIBE BRIEFLY YOUR RELATIONSHIP WITH THE APPLICANT: \_\_\_\_\_

DESCRIBE BRIEFLY THE APPLICANT'S TESTIMONY AND RELATIONSHIP WITH CHRIST: \_\_\_\_\_

APPLICANT'S GREATEST STRENGTHS? \_\_\_\_\_

APPLICANT'S WEAKNESSES? \_\_\_\_\_

**BASED UPON YOUR THOUGHTS AND EXPERIENCES WOULD YOU RECOMMEND THE APPLICANT?  
(CHECK 1 BOX BELOW, PLEASE BE SPECIFIC WITH YOUR COMMENTS.)**

\_\_\_\_ **Strongly (why?)** \_\_\_\_\_

\_\_\_\_ **With Reservation (why?)** \_\_\_\_\_

\_\_\_\_ **Not Recommended (why?)** \_\_\_\_\_

Reference Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_