

Trinity Pines Camp & Conference Center

Church of the Nazarene

349 Cabarton Rd.
Cascade ID 83611
208-382-6200



2ND WIND STAFF APPLICATION

Intermountain District Camps

Trinity Pines, Cascade Idaho

2nd Wind Staff above the age of 16 years are required to have an annual Background Check on file in the Trinity Pines Office in Cascade. The Background Check form is available online at www.tpines.org. Please complete the Background Check online and submit document.

Please print—use additional paper if necessary.

Date: _____

Name: _____ / _____ / _____
Last Name First Name MI

Address _____ / _____ / _____ / _____
Street Address City State Zip

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Date of Birth: ____/____/____ Gender: Male Female Member of ROAM Member of SOWER
Month Day Yea

Housing: Have RV Have housing in Cascade area Need onsite housing
Type of RV: Motor Home 5th Wheel Trailer Length _____ Slide-outs Yes No
Electrical Requirements 30 amp 50 amp Travel with Pet Yes No

Home Church: _____

Medical/Physical Limitations:

♦How were you referred to Trinity Pines Camp? Church Friend Volunteer Group Other (Explain)

♦Briefly explain any previous work experience at a camp.

I would be available to work at Trinity Pines

starting _____ through _____.

References (list three (3) references other than relatives)

Name _____ Phone (_____) _____

Address _____

City/State/Zip _____ E-Mail _____

Occupation _____ Years known _____

Name _____ Phone (_____) _____

Address _____

City/State/Zip _____ E-Mail _____

Occupation _____ Years known _____

Name _____ Phone (_____) _____

Address _____

City/State/Zip _____ E-Mail _____

Occupation _____ Years known _____

Please initial for consent:

_____ **Trinity Pines 2nd Wind Staff Statement:** *To use my gifts, serving God, to help provide a unique retreat and camp environment that allows for the transforming of lives into the nature and character of Jesus Christ.*

_____ **Waiver of Liability:** *I, the undersigned, do hereby hold the Intermountain District Church of the Nazarene Inc. (to include any of its agents, employees, members, staff, officers, directors, and representatives— and hereinafter known as "Intermountain District"— free, clear, and harmless from any damages or injuries of any kind sustained by myself or to my property while traveling to/from Trinity Pines Camp & Conference Center, or while "on site" at Trinity Pines. I further acknowledge that I hold sufficient insurance to cover any liability, accident, or illness incurred during my volunteer service, and that I will not seek assistance from the Intermountain District Church of the Nazarene in these matters.*

_____ **Compensation:** *I agree that I will receive no monetary compensation while working at Trinity Pines. I will make no unauthorized purchases on behalf of Trinity Pines, and will present valid sales receipts for payment of any authorized purchases made by me during my term of service.*

_____ **Consent for Treatment:** *In the event of serious accident or illness, and in the absence of my spouse (or other duly authorized person), I hereby agree to the performance of such medical treatment as is deemed necessary in the opinion of the attending physician.*

_____ **Background Check:** *I hereby authorize any references or law enforcement agencies to release any information requested pursuant to this application. I hereby release all such references or law enforcement agencies from any and all liability which may result from releasing any requested information, and I waive any rights that I may have to review records or references provided on my behalf. An official Intermountain District Church of the Nazarene background check must be completed and on file. Other background checks will not satisfy the needs of our insurance carrier.*

_____ **Publicity Waiver:** *I hereby give permission for Trinity Pines Camp to use my photo in publicity material. Names will not appear with photo.*

I, the undersigned applicant, do hereby certify that the information contained in this application is complete and correct to the best of my knowledge.

Applicant's Signature

Please print applicant's name

Date Signed: _____