

# Trinity Pines Camp & Conference Center

Church of the Nazarene

P.O. Box 1269  
(349 Cabarton Rd.)  
Cascade ID 83611  
208-382-6200 \* fax 208-382-6010



Executive Office  
55 SW 5th Ave., Suite 100  
Meridian ID 83642  
208-888-0988 \* fax 208-888-4586

## VOLUNTEER APPLICATION

Intermountain District Camps

Trinity Pines, Cascade Idaho

Volunteer above the age of 16 years are required to have a Background Check on file in the Intermountain District Church of the Nazarene office in Nampa, ID. A Background Check form is attached for this purpose. Please sign and return with your application.

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 Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Month Day Year

Type of RV: Motor Home  5th Wheel  Trailer  Length \_\_\_\_\_ Slide-outs Yes  No   
Electrical Requirements 30 amp  50 amp

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.

\_\_\_\_\_  
\_\_\_\_\_

We would be available to work at Trinity Pines starting \_\_\_\_\_  
through \_\_\_\_\_.

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

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Years known \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Years known \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Years known \_\_\_\_\_

**Please initial for consent:**

\_\_\_\_\_ **Trinity Pines Volunteer 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: \_\_\_\_\_