



TWIN PINES

Camp, Conference, and Retreat Center

3000 Twin Pine Road, Stroudsburg, PA 18360

Telephone: 570-629-2411 ~ Fax: 570-620-0664 ~ Email: staff@twinpines.org

Summer Staff Vehicle and Travel Policy

In order to protect all of our staff from problems that could arise regarding personal vehicles while a part of our summer staff, the following regulations will apply:

1. Staff vehicles are not to be driven around the camp; they are to be moved only when entering or exiting the camp. Remember – the “in camp” speed limit is ten (10) miles per hour!
2. All staff keeping vehicles at camp for the summer must bring their driver’s license, registration card, and proof of insurance card to the office so that copies can be made for our records.
3. Staff vehicles are only to be driven by the driver of record on the owner’s insurance policy. Cars may not be loaned to other staff for their use.
4. Only three (3) passengers are allowed in any vehicle regardless of the number of seats or seatbelts. All occupants must wear seatbelts at all times.
5. A travel form must be completed whenever a staff person is leaving camp. The form shall include the following information: Driver’s Name, Passenger’s Names (limit of three), Destination, Time of Departure (T.O.D.), Estimated Time of Return (E.T.O.R.), and when you return, fill in the Actual Time of Return (A.T.O.R.). This completed form must be initialed by one of the following: the Executive Director, the Property Manager, an office staff person, or the weekly Program Director.
6. All persons under the age of 18, must have a parental consent form on file before leaving camp for any reason.
7. Staff are reminded that once you are a member of the Twin Pines’ summer staff, everything you do, whether on or off the grounds, reflects on the ministry of Twin Pines. Please keep this in mind wherever you happen to be. Your testimony, as well as the testimony of Twin Pines, may be at stake.

~~~PLEASE DETACH THE FORM BELOW AND RETURN TO TWIN PINES ~~~

**TWIN PINES CAMP, CONFERENCE AND RETREAT CENTER  
PARENTAL CONSENT FORM – TRAVEL RESTRICTIONS FOR MINORS**

STAFF NAME \_\_\_\_\_ AGE \_\_\_\_\_

As the parent/guardian of the above named staff person, I, by my signature below, give my permission for the above named person to leave Twin Pines with other staff members for trips of less than forty (40) mile total.

I understand that if the above named person desires to travel a greater distance than stated above, I will receive a phone call first and will have to verify my permission to a Twin Pines administrative staff person.

I, also, wish to detail the following restriction(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_