

**PLEASE READ THIS BEFORE
COMPLETING APPLICATION!**

Our Statement of Faith

The following is what we believe and is the basis for all teaching through the various programs and ministries of Twin Pines. It is also our intent that all persons and groups involved in any way with Twin Pines' programs shall subscribe to the following statement of faith.

- We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
- We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death on the cross through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal, physical return in power and glory.
- We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life of power and victory over sin.
- We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
- We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.
- In the spirit of Luke 17:1-2, "Things that cause people to sin are bound to come, but woe to that person through whom they come. It would be better for him to be thrown into the sea with a millstone tied around his neck than for him to cause one of these little ones to sin," our staff does not condone the use of drugs, alcohol, or tobacco. We believe and teach that pre-marital sex and homosexuality are in violation of God's Word (1 Corinthians 6:9-10). In everything we do, our purpose is to glorify Christ and honor His Word.
- We believe in a world-wide missionary endeavor, beginning where we are and reaching to every tribe and nation based upon the premise that "Whosoever shall call upon the name of the Lord shall be saved."

I have read the above statement, and, by my initials here, signify that I agree with its intent:_____.

**TWIN PINES
Camp, Conference, and Retreat Center
APPLICATION FOR VOLUNTEERS (year 'round)**

Directions

1. Please complete all areas of the application before returning to Twin Pines.
2. Be sure to supply complete addresses for references; we do contact them.
3. Please type or print clearly; if we can't read it, we can't process it!
(Incomplete or illegible applications will not be processed.)

PERSONAL DATA

Full Name _____

Street Address _____

City, State, Zip _____

Home Telephone _____ Cell Phone _____

Person To Contact In An Emergency:

Full Name _____

Street Address _____

City, State, Zip _____

Home Telephone _____ Cell Phone _____

Church _____

Pastor's Full Name _____

Pastor's Street Address _____

Pastor's City, State, Zip _____

Please Check the Services You Attend Regularly:

- | | |
|--|--|
| <input type="checkbox"/> Sunday School | <input type="checkbox"/> Sunday Worship (<input type="checkbox"/> AM <input type="checkbox"/> PM) |
| <input type="checkbox"/> Prayer Meeting | <input type="checkbox"/> Youth Group |
| <input type="checkbox"/> Bible Study | |
| <input type="checkbox"/> Other, Explain: _____ | |

In the space provided below, please tell us why you desire to volunteer at Twin Pines:

ADDITIONAL DATA

In the space provided below, please indicate other non-profit ministries or organizations where you have volunteered. Please give the organization name dates of volunteer service, name and phone number of a person we can contact:

PREFERRED MONTHS WHEN I WOULD LIKE TO COME

(If you desire to come more than one time, check as many as you desire. If you have preferences write a number (1-2-3) to indicate your first, second and third choices. We will give you a call to verify before your name is added to the schedule.)

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

AGREEMENT AND SIGNATURE

I understand that Twin Pines does not discriminate in selecting volunteers and no question on this application is used for the purpose of limiting or excluding any applicant from consideration as a volunteer on any basis prohibited by local, state, or federal law.

I understand that Twin Pines does not refuse a volunteer with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act.

I understand that, by signing this application, I signify that I have read the Twin Pines' Purpose Statement, Vision Statement, Statement of Faith, and Philosophy of Ministry. I also understand that I will need to abide by the same principles, rules, and regulations as the Staff serving full or part-time. By my signature below, I do further signify that I will, if selected, agree to accept the obligations and responsibilities of being a member of the Twin Pines Ministry Team without reservation.

I hereby give Twin Pines permission to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability Twin Pines and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations providing requested information.

I understand that, if selected as a volunteer by Twin Pines, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from being a volunteer whenever it is discovered.

I understand that, if I am selected as a volunteer, I am free to withdraw at any time, with or without cause and without prior notice, and Twin Pines reserves the same right to terminate my volunteer status at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for any specified period or definite duration. I understand that no representative of Twin Pines, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I also understand that I will need to provide references of people who have observed me in situations with young children and that these references will be checked with regard to abuse issues.

The parties agree that any claim or dispute arising from or related to this agreement and their relationship which is not resolved by Christian conciliation efforts between the parties, shall be settled by Biblically based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the *Institute for Christian Conciliation (ICC)* (406-256-1583), a division of Peacemaker Ministries www.hispeace.org. The parties hereby waive their right to bring an action in court.

By my signature below, I warrant that I have read and fully understand the foregoing and seek to volunteer at Twin Pines under these conditions. I also indicate that I am willing, within my ability, to be given any assignment.

Signature: _____ Date: _____

Please Print Your Full Name Here: _____