

SUMMER STAFF APPLICATION
BAPTIST CAMP AND CONFERENCE CENTER – LEBANON, NJ

Date of Application: _____

Complete this form and mail to: BAPTIST CAMP AND CONFERENCE CENTER
Donald E. Smith, Director
79 Blossom Hill Road
Lebanon, NJ 08833

PERSONAL INFORMATION

NAME: _____ HOME PHONE # (____) _____

PERMANENT ADDRESS: _____ CELL PHONE # (____) _____

_____ street _____ city _____ state _____ zip

email address: _____

SOCIAL SECURITY NUMBER _____ / _____ / _____ Male _____ Female _____

CHURCH: _____

CHURCH ADDRESS: _____

_____ street _____ city _____ state _____ zip
PASTOR _____ TEL # (____) _____

ARE YOU A CHURCH MEMBER? Yes _____ No _____

DO YOU HAVE ANY RESTRICTIONS OR IMPAIRMENTS, PHYSICAL OR EMOTIONAL WHICH WOULD INTERFERE WITH YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED?

Yes _____ No _____. IF YES, WHAT? _____

BIRTH DATE _____ AGE THIS SUMMER _____

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes/No _____

WILL YOU BE BRINGING YOUR OWN VEHICLE? Yes/No _____

CIRCLE THE HIGHEST YEAR OF SCHOOL COMPLETED AS OF THE END OF THE CURRENT YEAR:.

| High School | Major Studies Area | College | Graduate School |
|--------------------|---------------------------|----------------|------------------------|
| 9 10 11 12 | College Prep _____ | 13 14 15 16 | 17 18 or more _____ |
| | Business _____ | | |
| | Vo-Tech _____ | | |
| | Other _____ | | |

If you are a college student or graduate, what is your major? _____

YOUR ADDRESS WHILE ATTENDING SCHOOL (if different from permanent address)

_____ school name _____ Box # _____ Area Code/Phone _____

_____ street _____ city _____ state _____ zip

Have you ever been convicted of child abuse or of sexual abuse? _____

Dates Available for employment: From _____ To _____

What is the best way to contact you?

Home Address _____ Email _____ College Address _____ Home Phone _____ Cell Phone _____ College Phone _____

Do you currently hold any of the following certifications?

| | Yes | No | Expiration Date |
|--------------------------------------|-----|----|-----------------|
| Cardio Pulmonary Resuscitation (CPR) | | | |
| First Aid | | | |
| Lifeguard | | | |
| AED | | | |
| Commercial Drivers License (CDL) | | | |

Are you willing, if necessary, to undergo training at camp expense to better prepare you for your position?
Yes/No _____

WHAT OTHER EXPERIENCES HAVE YOU HAD THAT WOULD HELP YOU PERFORM THE TASKS OF THE POSITION FOR WHICH YOU ARE APPLYING?

BRIEFLY LIST YOUR PARTICIPATION IN CHURCH AND/OR OTHER CHRISTIAN MINISTRIES. PLEASE NOTE LEADERSHIP POSITIONS YOU HAVE HELD IN THESE GROUPS.

EMPLOYMENT OPPORTUNITIES ARE THE SAME FOR EVERYONE WITHOUT REGARD TO RACE, COLOR, SEX, DISABILITY, NATIONAL ORIGIN, OR CHURCH AFFILIATION. First consideration will be given to those who have attained their 19th birthday and/or have finished one year of college or beyond; we do not recommend your application to serve on summer staff until you have completed the 11th grade in high school.

WHAT CONTRIBUTION DO YOU THINK YOU CAN MAKE AT BAPTIST CAMP LEBANON? (for additional space, use reverse side)

FOR OFFICE USE ONLY

NSOPW Checked: Date: _____ Result: _____ Checked by: _____

**ALL APPLICANTS UNDER THE AGE OF 18
COMPLETE THE FOLLOWING:**

(All statements become part of any future employee personnel files.)

Mother's Name: _____ Phone # _____

Father's Name _____ Phone # _____

Parent's address: _____
Street City State Zip

Permission is given for the Baptist Camp and Conference Center to request, receive, use and give upon request, references as to character, ability, reliability, and other aspects of my person as it pertains to my association with the Baptist Camp and Conference Center.

Applicant Signature: _____

Parent Signature: _____

**BAPTIST CAMP AND CONFERENCE CENTER
AMERICAN BAPTIST CHURCHES OF NEW JERSEY**

**BACKGROUND INVESTIGATION CONSENT
(Complete if you are 18 or over)**

I, _____ (applicant complete name), hereby authorize **Baptist Camp and Conference Center** and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with **Baptist Camp and Conference Center**.

I release **Baptist Camp and Conference Center** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

_____ Full name (printed)

_____ Maiden name or other names used

_____ Present street address _____ How long?

_____ City/State _____ Zip

_____ Former street address _____ How long?

_____ City/State _____ Zip

_____ Date of Birth _____ Social Security # _____ Drivers license # _____ State of license

_____ Signature _____ Date