



# CAMP LEBANON

A MINISTRY OF AMERICAN BAPTIST CHURCHES OF NEW JERSEY

79 Blossom Hill Rd, Lebanon, NJ 08833

Phone: (908) 236-2638

[www.camplebanon.com](http://www.camplebanon.com) [hgierman@camplebanon.com](mailto:hgierman@camplebanon.com)



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Camp Lebanon (Baptist Camp and Conference Center) is committed to providing a safe environment where everyone can experience the transforming power of God's love and find support through healthy relationships and activities in a beautiful outdoor setting. We are a ministry of the American Baptist Churches of New Jersey and seek to offer camping programs that provide opportunities for persons to become aware of God's love as revealed in Jesus Christ and to respond to Jesus in faith and love through personal commitment and growth. We invite all campers and volunteers to come and enjoy a summer in the beautiful outdoors with our leaders, staff and campers.

## **Step #1**

If you are interested in serving as a Summer 2021 Volunteer, please fill out and return completed application NO LATER THAN FOUR WEEKS prior to the Session start date to: 79 Blossom Hill Road, Lebanon, NJ 08833 or [hgierman@camplebanon.com](mailto:hgierman@camplebanon.com)

## **Step #2**

Once we have reviewed your application and references and we have completed a background check, if you are selected for a volunteer position, we will set up a time for a virtual, phone or in-person interview. If we have an over abundance of volunteers, your name will be put on a waiting list. We will notify you.

## **Step#3**

Please monitor your email. Much of our communication among our Volunteers in the months and weeks leading up to Summer 2021 will be done via email. You will need to stay in touch with us and up-to-date with the information coming through those emails. Specific assignments or needs will be given there.

## **Step#4**

If you are invited to serve in a role during our Summer 2021, you will be required to attend the training/orientation/gathering opportunities offered. We hope you come to camp rested, healthy and in a good space to serve and show love to our amazing campers, volunteer and staff.

## Summer 2021 Volunteer Application

### ***Weekend applying for:***

- Opening Day July 10<sup>th</sup> (Sat)     Closing Day July 31<sup>st</sup> (Sat)
- Junior Retreat July 16<sup>th</sup> -18<sup>th</sup> (grades 2<sup>nd</sup> through 6<sup>th</sup>)
- Jr High/Sr High July 23<sup>rd</sup> – 25<sup>th</sup> (grades 6<sup>th</sup> through 12<sup>th</sup>)

*Please note: for weekend retreats, Friday night to Saturday stay is required.  
You may stay until Sunday if you wish.*

*If you need lodging for Connect opening or closing days, please contact the office for assistance.*

### ***Position applying for (indicate order of preference)***

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> arts and crafts | <input type="checkbox"/> group games | <input type="checkbox"/> fishing            |
| <input type="checkbox"/> nature hike     | <input type="checkbox"/> snackery    | <input type="checkbox"/> check in/welcome   |
| <input type="checkbox"/> kitchen help    | <input type="checkbox"/> pool area   | <input type="checkbox"/> general assistance |

### **Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (Home) \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

Date of Birth \_\_\_\_\_

*(please note minimum age to volunteer is 18)*

What church are you affiliated with?

\_\_\_\_\_

Church address: \_\_\_\_\_

How did you hear about the Volunteer opportunities at Camp Lebanon?

\_\_\_\_\_

Have you ever volunteered at Camp Lebanon before? \_\_\_\_\_

If yes, when and in what capacity? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony? (If yes, please explain) \_\_\_\_\_

Have you ever been accused of child abuse, child neglect, or misconduct concerning minors, in any way? (If yes, explain)

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### **Other Information**

Smoking cigarettes, vaping, and use of alcohol and non-prescription drugs is prohibited while at Camp Lebanon. Will you abide by this regulation and uphold it? **Yes** \_\_\_\_\_  
**No** \_\_\_\_\_

Camp Lebanon's mission statement is to "make available opportunities for participants to live in a natural outdoor setting and in relationship with others in Christian community." Are you willing to contribute to that goal by upholding a high standard of work ethic and attitude as a volunteer? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

For the safety of yourself and others, do you agree to follow written and spoken instructions given by Camp Lebanon Staff and leadership while participating in our programs?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

### **Please answer the following questions briefly on a separate sheet of paper:**

- 1) Describe prior positions of leadership that you have held (work, school, sports, church, extra-curricular activities, etc.).
- 2) Describe what you have to share or contribute as a volunteer here at Camp Lebanon. What do you think it takes to be an effective volunteer serving campers at Camp Lebanon?
- 3) Give a brief summary of the story of your personal faith journey.
- 4) Tell us what you think it means to be a Christian and share your faith with others.
- 6) How do you seek to be a peace-maker while serving alongside folks who may have different views, styles, personality than yourself?

**REFERENCES (Do not list relatives. References need to have known you for at least six months):**

**Pastor or Church Leader:**

Name: \_\_\_\_\_

Title/Role in applicant's life: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Personal Reference**

Name: \_\_\_\_\_

Title/Role in applicant's life: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Do you hold any of the following certifications?**

	YES	NO	Expiration Date
Cardiopulmonary Resuscitation (CPR)	_____	_____	_____
First Aid	_____	_____	_____
Automatic External Defibrillator (AED)	_____	_____	_____
Lifeguard	_____	_____	_____

To the best of my knowledge, the information I've supplied here is true and accurate. I release all persons serving as references from any liability. I understand and agree that if my behavior and work ethic does not reflect a true ability to serve alongside others in unity, or that I otherwise compromise the mission of the program, I may be dismissed at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# BACKGROUND INVESTIGATION CONSENT

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 regard 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.

Print full name: \_\_\_\_\_

Maiden name or other names used: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

Previous address: \_\_\_\_\_

How long did you live at that address? \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social security #: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State of license: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

NSOPW Checked: Date: \_\_\_\_\_ Result: \_\_\_\_\_ Checked by: \_\_\_\_\_