



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 hgierman@camplebanon.com



Mission Statement

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 2024 Volunteer, please fill out and return the completed application to:

Camp Lebanon
79 Blossom Hill Road, Lebanon, NJ 08833
or to Bgierman@camplebanon.com or hgierman@camplebanon.com

Step #2

Review Application - Check references- Complete 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 overabundance of volunteers, your name will be put on a waiting list. We will notify you.

Step #3

If you are invited to serve in a role during our summer 2024, you will be required to attend the training/orientation/gathering opportunities offered-dates to follow. We hope you come to camp rested, healthy and in a good space to serve and show love to our amazing campers, volunteers, and staff.

ABCNJ is an equal opportunity employer and practices non-discrimination.



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Summer 2024 Volunteer Application

Week(s) applying for:

- Latino Camp July 14-20

Position applying for (indicate order of preference)

- Arts and Crafts
- Kitchen
- Waterfront
- Maintenance
- Counselor

**Volunteers must report on Sunday by 11am.*

Personal Information

Name: _____

Date of Birth _____

(minimum age to volunteer is 18)

Address: _____

Phone number: (Home) _____ (Cell) _____

Email: _____

What is the best way to contact you? _____

What church are you affiliated with? _____

Church address: _____

What is your highest level of education? _____

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

If you are a college graduate, what degree do you hold? _____



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Do you hold any of the following certifications?

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

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 there been any allegations of misconduct that have been made against you (this includes charges of sexual misconduct, child abuse, financial impropriety, abuse of power, etc...)? **Yes** _____ **No** _____ If yes, please explain the nature of the allegations and the manner in which they were resolved. _____

Smoking cigarettes, vaping, and use of alcohol and non-prescription drugs is prohibited while at Camp Lebanon. Will you abide by this regulation? **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** _____



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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 _____

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:** _____

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.

Applicant signature: _____ **Date:** _____



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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:



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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 _____

Parents' Address: _____

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: _____