

**BAPTIST CAMP AND CONFERENCE CENTER**

79 Blossom Hill Road

Lebanon, NJ 08833

Tel # (908) 236-2638 Fax# (908) 236-0550

[www.camplebanon.com](http://www.camplebanon.com)

**SUMMER 2008**  
**VOLUNTEER APPLICATION**

Baptist Camp and Conference Center summer camp season requires many dedicated people who volunteer a week or more of their time and talent in this Christian service. If you would like to serve in some capacity, we encourage you to complete this form and mail it to the attention of Donald E. Smith, Director of Camping, at the above address.

I would like to volunteer as: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Tel # ( \_\_\_\_\_ ) \_\_\_\_\_

Address:

\_\_\_\_\_

street city state zip

email address \_\_\_\_\_

Birthdate (optional): \_\_\_\_\_ **Minimum Age Required For counselors is 18**

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

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

street city state zip

Are you a church member? Yes \_\_\_\_\_ How Long? \_\_\_\_\_ No \_\_\_\_\_

Pastor: \_\_\_\_\_ Tel # ( \_\_\_\_\_ ) \_\_\_\_\_

What has been your church involvement? Note especially any leadership or teaching positions you have held. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical or emotional limitations that would impede your service?  
Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, describe: (please note that physical or emotional limitations will not necessarily prohibit your service, but it is important for the Camp Director to be aware of them.)

\_\_\_\_\_  
\_\_\_\_\_



Indicate in order of priority, 1, 2, 3 – (with one being first preference) the camp session(s) for which you would like to be considered.

**2008 SUMMER CAMP SCHEDULE**

June 22	-	June 28	_____	Junior High Sailing	(Grades 6-10)	L-132
June 29	-	July 05	_____	Junior High Conference	(Grades 6-8)	L-131
July 06	-	July 12	_____	Junior I Camp	(Grades 3-4)	L-112
July 06	-	July 12	_____	Junior I Camp	(Grades 5-6)	L-121
July 13	-	July 19	_____	Junior Music Camp	(Grades 5-6)	L-141
July 13	-	July 19	_____	Junior High Music Camp	(Grades 7-9)	L-142
July 20	-	July 26	_____	Latino Camp	(Grades 1-12)	L-150
July 27	-	Aug 02	_____	Junior II Camp	(Grades 2-3)	L-113
July 27	-	Aug 02	_____	Junior II Camp	(Grades 4-5)	L-122
Aug 03	-	Aug 09	_____	Senior High Conference	(Grades 9-12)	L-165

The counselor is the key to the effectiveness of Christian Camping and in order that we may evaluate the particular contributions you can make towards the program, please carefully complete the following sections:

**A. How does your life express your Christian experience and beliefs?**

1. Within your church (other than as noted on page 1)

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2. Other than within your church? \_\_\_\_\_

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**B. Describe what you have to share or contribute as a counselor.**

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**C. Why do you want to serve as counselor?** \_\_\_\_\_

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NOTE: If your child is eligible for camp in the week you serve, that child may be registered at ½ the weekly cost. This campership is not applicable to more than one child (unless both parents are at camp). Every camp age child eligible for the camp in session at the time of the parent's service **must be registered for camp – if staying on the campground.** Non camp-age children may possibly be accommodated at no cost only at the discretion and with the advance approval of the Director of Camp. The number of camp-age children at camp with me (one at ½ campership) is \_\_\_\_\_. A completed camp brochure registration form is required for each.

**Register your child for camp in advance through the registrar's office. Indication on this Volunteer Application that your child will be attending with you does not automatically register him/her.**

**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