



CAMP LEBANON

A MINISTRY OF AMERICAN BAPTIST CHURCHES OF NEW JERSEY

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Mr. Donald E. Smith
Director of Baptist Camp Lebanon

Rev. Miriam Méndez
Executive Minister and Senior Regional Pastor

SUMMER 2019 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: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Email: _____

What is the best way to contact you? _____

Birthdate (optional): _____

Please note, the minimum age required for counselors is 18.

Church Name: _____

Church Address: _____

Are you a church member? Yes _____ How long? _____ No _____

Pastor Name: _____ Telephone: _____

Pastor Email: _____

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 may impede your service? Yes _____ No _____

If yes, describe (please note that physical or emotional limitations will not necessarily prohibit your service,

Circle the highest year of school **completed** as of the end of the current year.

High School				College				Graduate School		
9	10	11	12	13	14	15	16	17	18	More: _____

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

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

Do you currently hold any of the following certifications?

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

Have you ever served as counselor at **Baptist Camp and Conference Center (Camp Lebanon)** before?

Yes _____ No _____

If yes, list the year(s) you served at **Camp** _____

If yes, list the camper age group(s) _____

Have you ever served as counselor at **any other camp**?

Yes _____ No _____

If yes, where? _____

If yes, when? _____

Within the last few years, how do you feel you have grown personally?

PERSONAL REFERENCES

List the names of three (3) persons who could serve as references. Do not list your Pastor, relatives or Camp Lebanon employees. Please include name, address, email, and best phone number.

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

Yes _____ No _____

FOR OFFICE USE ONLY

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

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.

2019 SUMMER CAMP SCHEDULE

Jun 30–Jul 06	_____	Family Camp		L-126
Jul 7–Jul 13	_____	Junior I Camp	Grades 3–6	L-112
Jul 7–Jul 13	_____	Sailing Camp I	Grades 6–10	L-146
Jul 14–Jul 20	_____	Junior High Camp	Grades 6–8	L-131
Jul 17–Jul 20	_____	Mini Camp	Grades 1–2	L-170
Jul 21–Jul 27	_____	Latino Camp	Grades 1–12	L-150
Jul 28–Aug 3	_____	Junior II Camp	Grades 2–5	L-113
Jul 28–Aug 3	_____	Sailing Camp II	Grades 6–10	L-147
Aug 4–Aug 10	_____	Senior High Camp	Grades 9–12	L-166
Aug 4–Aug 10	_____	Action Adventure Camp	Grades 6–8	L-167

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)

2. Other than within your church? _____

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

C. Why do you want to serve as counselor? _____

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: _____

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: _____

**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