

BAPTIST CAMP AND CONFERENCE CENTER

79 Blossom Hill Road

Lebanon, NJ 08833

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

www.camplebanon.com

SUMMER 2010
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.)

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

High School
9 10 11 12

College
13 14 15 16

Graduate School
17 18 or more _____

If you are a college student, what is your major subject? _____
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 a counselor at the **Baptist Conference Center (Camp Lebanon)** before? Yes _____ No _____

If yes, list the year(s) you served at camp _____
If yes, list the camper age group _____

Have you ever served as a counselor at **any other camp**? Yes _____ No _____

If yes, where? _____
when? _____

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

List the names of **three (3)** persons **in addition to your Pastor** and **other than relatives or Camp Lebanon employees** who could serve as references: Include **name, street, city, state, zip, phone & area code.**

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

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.

2010 SUMMER CAMP SCHEDULE

June 27	-	July 03	_____	Sailing Camp I	(Grades 6-10)	L-146
June 27	-	July 03	_____	Junior I Camp	(Grades 2-3)	L-113
June 28	-	July 03	_____	Junior I Camp	(Grades 4-5)	L-122
July 04	-	July 10	_____	Junior High Conference	(Grades 6-8)	L-131
July 04	-	July 10	_____	Christian Discovery Camp	(Grades 4-5)	L-125
July 11	-	July 17	_____	Junior Music Camp	(Grades 5-6)	L-141
July 11	-	July 17	_____	Junior High Music Camp	(Grades 7-9)	L-142
July 11	-	July 31	_____	Leadership Training Camp	(Grades 9-12)	L-168
July 18	-	July 24	_____	Latino Camp	(Grades 1-12)	L-150
July 25	-	July 31	_____	Junior II Camp	(Grades 3-4)	L-113
July 25	-	July 31	_____	Junior II Camp	(Grades 5-6)	L-121
July 25	-	July 31	_____	Sailing Camp II	(Grades 7-10)	L-147
Aug 01	-	Aug 07	_____	Senior High Conference	(Grades 9-12)	L-166
Aug 01	-	Aug 07	_____	Fishing Camp	(Grades 6-8)	L-167
Aug 01	-	Aug 04	_____	Primary Mini Camp	(Grades 1-2)	L-170

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 # _____

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