

# VOLUNTEER APPLICATION

## SECTION I

1. Name: \_\_\_\_\_ ( ) Male ( ) Female  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work/College (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

### If in school, complete Item #2

2. Current School Grade: \_\_\_\_\_ Current Year in College: \_\_\_\_\_

### If not in school, complete Item #3

3. Please list your last 3 employers beginning with your current or most recent employer, together with the following information for each employer: name, address and phone number; position held; duties performed; dates of employment; immediate supervisor; reason for leaving (attach additional sheets if necessary):

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

4. Local church you attend: \_\_\_\_\_  
Pastor's name: \_\_\_\_\_  
Pastor's phone(s): Church: (\_\_\_\_\_) \_\_\_\_\_  
Home: (\_\_\_\_\_) \_\_\_\_\_  
Cell: (\_\_\_\_\_) \_\_\_\_\_

5. Check the position(s) for which you are applying:

- ( ) Program Dean ( ) Nurse  
( ) Senior Counselor ( ) Other  
( ) Junior Counselor

NOTE: Junior Counselors must have completed the 10th grade, and may not be counted in the Senior Counselor/camper ratio. They may serve only in elementary camps. Senior Counselors must be age 18 or older for counseling in middle school camps and five years older than the campers with whom they are working.

6. Camp event at which you are applying to serve as a Volunteer:

Any event \_\_\_\_\_ Specific Event \_\_\_\_\_

- 7/. At which camp site(s) do you wish to serve? (Check as many as apply.)

- ( ) Camp Penn ( ) Mount Asbury ( ) Adventure Camp  
( ) Greene Hills ( ) Wesley Forest

8. With what age group(s) do you prefer to work? (Check as many as apply.)

Younger Elementary (grades 1-3)

High school (grades 9-12)

Older Elementary (grades 4-6)

Adult

Middle School (grades 6-8)

Any

9. Check any of the following special program(s) in which you may prefer to be involved.

Physically and/or Mentally Disabled

Rustic and Outpost

Family Camping

Music Camp

Backpacking

Sailing Camp

Canoeing

Adventure Camp

## SECTION II

1. Briefly describe your relationship with Jesus Christ.

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2. State your reasons for applying for a camp volunteer position.

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3. State any prior camp experience you had either as a camper or volunteer.

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4. Other than camping, what previous experiences have you had that have prepared you for the position for which you are applying?

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5. What special skills, hobbies or interests do you possess that you believe would prove valuable to the camping program?

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6. Check any of the following certifications which you currently possess.

- Basic First Aid                       Red Cross Lifeguard  
 C.P.R. or A.E.D.                       Advanced Lifesaving  
 Other (describe) \_\_\_\_\_

7. Have you ever been involved in an organized youth camp program, such as Boy/Girl Scouts?

- Yes                       No

If yes, in what capacity?                       Leadership     Scout  
If a scout, what was the highest rank you achieved?

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8. Have you had any experience in teaching the Bible or leading a Bible study? If so, please describe.

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### SECTION III

1. Have you ever been convicted of a crime that has not been annulled, expunged or sealed by a Court Order, including but not limited to summary offenses, misdemeanors or felonies?                       Yes                       No

If "Yes," please describe the convictions in full detail, including dates, locations and the nature or type of offenses. Please note that a conviction will not automatically result in your disqualification for a volunteer position. Convictions will be considered only to the extent they relate to the volunteer position for which you have applied. However, failure to disclose a conviction and/or mischaracterization of a conviction will automatically result in your ineligibility for service as a volunteer employment and/or your termination of volunteer relationship, even if the conviction would not have prevented your volunteer relationship had it been properly disclosed.

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2. Have you ever been involved in the sale, possession, or use of illegal drugs?                       Yes                       No

If "Yes," please explain.

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### SECTION IV

Please list three individuals who are well acquainted with you and have known you for at least three years. Do not list relatives.

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Length of time you have known reference: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

**AUTHORIZATION AND CONSENT**

I, \_\_\_\_\_, hereby certify that the information I have provided in this Volunteer Application is true and correct. I authorize the Susquehanna Conference to verify the information I have provided in this Volunteer Application, and in this regard, I authorize my personal references, schools, current or former employers, current or former supervisors, or any other person or organization, whether or not identified in this Volunteer Application, to give the Susquehanna Conference any information, including opinions, regarding my character and fitness for service as a volunteer. I further understand that a criminal records background check may be conducted on me, and I consent to any such background check.

In the event that my application is accepted and I become a volunteer of the Susquehanna Conference, I agree to abide by and be bound by the policies of Camp & Retreat Ministries and the Susquehanna Conference, including but not limited to the Safe Sanctuaries Policies, and I commit that I will refrain from engaging in any inappropriate conduct during my service as a volunteer with Susquehanna Conference.

By my signature below, I certify that I have read and understand this Authorization and Consent, and I request the Susquehanna Conference to consider me for service as a volunteer as set forth in this Volunteer Application.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF APPLICANT’S PARENTS/GUARDIANS (if Applicant is less than 18 years of age)

\_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

Please return this form to: Camp & Retreat Ministry Office  
SUSUMC  
303 Mulberry Drive  
Mechanicsburg, PA 17050-3179  
Email: [camps@susumc.org](mailto:camps@susumc.org)

Questions? Call 717-766-7395