

Susquehanna Conference Camp & Retreat Ministry - VOLUNTEER APPLICATION

BASIC INFORMATION

1. Name: _____ Gender: _____
 Address: _____
 City: _____ State _____ Zip _____
 Cell Phone (____) _____ Alternate Phone (____) _____ Email _____
 Age: _____ Birth Date: _____ T-Shirt Size: _____

If in school, complete Item #2

2. School/College: _____ Grade/Year: _____
3. Check the position(s) for which you are applying:
 Program Dean Junior Counselor Other
 Counselor Nurse

NOTE: Counselors must be age 18 or older and five years older than the campers in their care. Junior Counselors must have completed the 10th grade, and may not be counted in the counselor/camper ratio. They may serve only in elementary camps.

4. At which camp site(s) do you wish to serve? (Check as many as apply.)
 Wesley Forest Camp Penn Any
 Mount Asbury Greene Hills
5. Camp event at which you are applying to serve as a volunteer:
 Event: _____ Dates: _____

6. Please list your last 3 employers beginning with your current or most recent employer:
- | DATES | EMPLOYER | POSITION | DUTIES | REASON FOR LEAVING |
|-------|----------|----------|--------|--------------------|
|-------|----------|----------|--------|--------------------|

7. If you attend a local church, please list:
 Church name: _____ Pastor's name: _____
 Pastor's contact phone/email: _____

8. With what age group(s) do you prefer to work? (Check as many as apply.)
- | | | |
|--------------------------|---------------------|---------------|
| Younger Elementary (K-3) | Middle School (6-8) | Special Needs |
| Older Elementary (4-6) | High School (9-12) | Any |

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Briefly describe your faith journey:

State why you want to serve as a volunteer in camp & retreat ministry:

State any prior camp experience or relevant non-camp experience:

List any experience you have leading a small group or teaching Bible study:

List any special skills, hobbies or interests you possess that could bring value to the camp program:

Check any certifications you currently hold:

Basic First Aid
C.P.R. & A.E.D.

Red Cross Lifeguard
Advanced Lifesaving

Other _____

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AUTHORIZATION AND CONSENT

I, _____, hereby certify that the information I have provided in this Volunteer Application is true and correct. I understand that if I become a volunteer, any misrepresentation or omission of fact in this application may result in my discharge from service as a volunteer. I authorize the Susquehanna Conference, The United Methodist Church, as part of its evaluation of my suitability for service as a volunteer, to verify all information set forth by me in this application and to secure from my previous employers and references information concerning my professional accomplishments, skills, character, and ability. I further authorize Susquehanna Conference, The United Methodist Church to secure from the appropriate sources information concerning criminal convictions and child abuse history clearances and agree to execute the written authorizations necessary for Susquehanna Conference, The United Methodist Church to obtain access to and copies of records pertaining to the aforementioned information.

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. If I am asked to serve as a volunteer, I agree to immediately notify Susquehanna Conference, The United Methodist Church if I am convicted of any crime including, but not limited to convictions for summary offenses, misdemeanors, felonies or any and all crimes relating to child abuse and/or molestation

I understand that this volunteer application is not a contract for employment and that, if I am asked to serve as a volunteer, both the Susquehanna Conference, The United Methodist Church and I retain the right to terminate my volunteer service for any or no reason with or without notice at any time. I also understand that no representative of Susquehanna Conference, The United Methodist Church other than the Director of Camp and Retreat Ministry and his/her duly authorized representative, and then only in writing, has the authority to enter into any agreement for volunteer service in a Susquehanna Conference camping event for a specific time or to make any agreement contrary to the foregoing.

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: _____

NOTE: Applicants are also required to submit two Recommendation Forms from academic, employment, or spiritual references. Please send the physical or electronic Recommendation Form to two references to be sent directly to SUSCRM.

Please return this form to: SUSUMC Camp & Retreat Ministry
303 Mulberry Dr. // Mechanicsburg, PA 17050-3179
camps@susumc.org 717-766-7395