



SUMMIT GROVE CAMP

140 South Front Street, New Freedom, PA 17349

Phone: 717.235.3656 - Fax: 717.235.9541

Web: www.summitgrovecamp.org

Email: office@summitgrovecamp.org

APPLICANT'S PROFILE

Name: _____ Date of Application: ___/___/___

Age: ___ Date of Birth: ___/___/___ Dates Available: _____ - _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____.____.____ HOME / MOBILE Email: _____

Education

School/s Attended	Major Subjects	Years Attended	Degree Granted

Work Experience

Company	Supervisor and Phone #	From	To	Type of Work	Why you left

References

Name	Address/Email	Phone #	Relationship

Home Church or College Fellowship: _____

City: _____ State: _____ Pastor/Leader: _____

Phone: _____.____.____ Email: _____

Employment Application

DESIRED POSITION

please check all that apply

- Day Camp Counselor
- Activities Coordinator
- Lifeguard
- Maintenance/Grounds
- Housekeeping
- Food Service
 - FS - Cook
 - FS - Kitchen
 - FS - Dishes
 - FS - Snack Shack

CERTIFICATIONS

- CPR
- First Aid
- Lifeguard
- WSI
- CDL
- ServeSafe

** Attach Resume if available.



Christian Camp and
Conference Association

Health Information:

1. Do you have medical insurance under your parents, school, or any other means? ____ Yes ____ No (If so, list all)

2. Do you have any allergies? ____ Yes ____ No (If so, list all)

3. Are there any medical conditions we should know about? ____ Yes ____ No (If so, list all)

4. Are you on any medications? ____ Yes ____ No (If so, list all)

5. Are there any reasons you may have difficulty in performing any of the essential elements of the job for which you have applied? ____ Yes ____ No (If so, list all)

Consent for Medical Treatment Statement: I herewith give my permission for medication and/or medical treatment to be given to me in the event I cannot request it for myself for whatever reason.

Applicant Signature Date
(If Applicant is under 18, parents/guardian must sign this statement.)

Parent's consent and medical treatment statement: I herewith give my consent for, _____, to work at Summit Grove Camp for the period of time indicated on this application. Permission is also granted for medication/or medical treatment to be given to the above named if such is necessary.

Signature of parent of guardian Date

Parent/Guardian information: Name _____

Address _____

Phone (Home) _____ Phone (Work) _____

Applicant's Statement: I certify that the information contained herein is true and correct. I agree to faithfully observe the rules and regulations of Summit Grove Camp & Retreat Center. I also agree to fulfill my duties to the best of my abilities. I understand that Summit Grove is a Christian organization and believes that the Bible commands Christians to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, I agree that any conflict or dispute shall be settled by Biblically based mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Proc edure for Christian Conciliation* of the Institute for Christian Conciliation, a division of Peacemaker Ministries. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. I understand that this method shall be the sole remedy for any controversy or claim that may arise and expressly waive my right to file a lawsuit in any civil court against Summit Grove Camp for such disputes, except to enforce an arbitration decision.

Applicant's Printed Name Applicant's Signature Date

Have you ever been convicted of a crime involving minors? ____ Yes ____ No

Applicant's Permission for Background Check: I give Summit Grove Camp & Retreat Center permission to engage in a background check involving my personal records.

Applicant's Printed Name Applicant's Signature Date

** I understand that SGC is a 501(C) (3) Corporation and does not pay into Unemployment Benefits.

Applicant's Printed Name Applicant's Signature Date

Interview Notes: (Office Use Only)

Date of Interview _____

Interest:

Hobbies:

Skills:

Previous Experience:

Why do you want to work at Summit Grove Camp?

Remarks:
