



# MT. LEBANON

## Summer Staff Application

Attach a recent photograph.

Please mail completed application to:

Mt. Lebanon Baptist Camp  
Attn: Anthony Austin  
P.O. Box 427  
Cedar Hill, TX 75106

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

MySpace \_\_\_\_\_

Facebook:    Yes                      No

Home/Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

How did you find out about Mt. Lebanon? \_\_\_\_\_ -  
\_\_\_\_\_

Person making referral (if applicable): \_\_\_\_\_  
\_\_\_\_\_

### Education

High School Attended \_\_\_\_\_ Year Graduated \_\_\_\_\_

College \_\_\_\_\_ Number of Years \_\_\_\_\_

College \_\_\_\_\_ Number of Years \_\_\_\_\_

Other \_\_\_\_\_

Year Graduated \_\_\_\_\_ Major Course of Study \_\_\_\_\_

## Camping and Ministry Experience

Have you ever attended or worked for a summer camp?    Yes                  No

If yes, which camp? \_\_\_\_\_

What were your job title and responsibilities?

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Have you ever served in summer missions or on a mission project?    Yes                  No

If yes, who did you serve with, when was the trip, and what responsibilities did you have?

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Briefly describe any other ministry experience. Please include any volunteer experience which may be relevant.

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## Technical Experience

Please list your technical expertise i.e. audio, video, lighting \_\_\_\_\_

List gear, including computer software, that you would feel comfortable operating \_\_\_\_\_

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Would you consider yourself as a team player?                          Yes                  No

Do you consider yourself good at technical problem solving?                  Yes                  No

Name a time when you were able to overcome a technical problem and how you solved it. \_\_\_\_\_

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Would you say you're a quick learner?                          Yes                  No

When faced with a problem, do you ask questions?                  Yes                  No

Have you ever soldered before?    Yes                  No    If Yes please rate skill L1 2 3 4 5 6 7 8 9 10H

## Bonus

**Audio:** Define “signal flow” and draw a picture, including EQ and signal processor, starting with a SM58

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**Lighting:** Draw color wheels displaying primary and secondary colors of light and pigment

**Video:** What frame rate is standard in North America? \_\_\_\_\_

What are the two most common aspect ratios? \_\_\_\_\_

**Complete this forgotten jingle:**

\_\_\_\_\_ all beef patties, special sauce, \_\_\_\_\_, cheese, \_\_\_\_\_, onions on a \_\_\_\_\_ bun

## Employment Information

(begin with most recent, include volunteer work)

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

## References

List the names, complete addresses, titles and phone numbers of three references, not related to you, who are willing to provide information about you. Appropriate persons would include pastors, employers, teachers, etc.

	I	II	III
Name			
Job Title			
Relationship			
Phone			
Address			

## Employment Dates

Our summer program runs for 10-11 weeks including orientation. This is typically the first week of June through the second week of August. If you are hired, will you be committed to work these dates? Yes No

When does your school year end? \_\_\_\_\_ What date you could start if hired? \_\_\_\_\_

Explain any commitments or plans that may conflict with our summer camping season if you are hired.

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## About Yourself

Are you a Christian? Yes No

If yes, briefly describe how you came to Christ.

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Church Membership \_\_\_\_\_ Pastor \_\_\_\_\_

College Church Membership \_\_\_\_\_ Pastor \_\_\_\_\_

Do you attend church regularly? Yes No

Please list any college, church activities or ministries you are involved in.

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Briefly evaluate where you are in your relationship with Christ.

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What do you believe the Bible to be? Use scripture to support your answer.

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Who do you believe Jesus Christ to be? Use scripture to support your answer.

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What qualities do you feel should be evident in a Christian's life? Use scripture to support your answer.

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What activities, people, organizations, or events have been a significant part of your spiritual growth?

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How would you describe your ability to:  
Accept supervision? \_\_\_\_\_

Follow instructions? \_\_\_\_\_

Work as part of a team? \_\_\_\_\_

Accept the restrictions of camp life? \_\_\_\_\_

Work with your peers? \_\_\_\_\_

Be a leader? \_\_\_\_\_

What do you feel is your strongest quality?  
\_\_\_\_\_

What do you feel is your weakest quality?  
\_\_\_\_\_

What do believe you can contribute as a Mt. Lebanon Summer Staffer?  
\_\_\_\_\_  
\_\_\_\_\_

How do you think Mt. Lebanon can help you grow in your walk with Christ?  
\_\_\_\_\_  
\_\_\_\_\_

What other experience or skills would you like to share about yourself? (i.e. instruments you play, drama, singing, ninja skills, ministry skills, audio/visual training, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with or convicted of a misdemeanor or felony, other than traffic violations?

Yes No

If Yes, Please explain: \_\_\_\_\_

Are you currently authorized to work and eligible to be employed in the United States? Yes No

**Proof of citizenship or immigration will be required on employment.**

T-Shirt size? S M L XL XXL 3XL

## **Applicant's Statement**

The information contained in this application is correct to the best of my knowledge. I hereby authorize Mt. Lebanon, and the Dallas Baptist Association, to thoroughly investigate my background & activities, references, employment record and other matters related to my suitability for employment. I authorize any reference, including my current employer (if applicable), previous employers, and organizations contacted by Mt. Lebanon to provide any relevant information, including opinions, which they have regarding my character and fitness to work at Mt. Lebanon and I release all persons, organizations, and employers from any and all claims for providing such information.

I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract.

Your employment with Mt. Lebanon and Dallas Baptist Association is "at-will." As an "at-will" employee, you may end your employment at anytime, for any reason, with or without sufficient notice to Mt. Lebanon. Likewise, Mt. Lebanon may terminate your employment at any time, with or without sufficient notice, for any reason, with or without cause. Your employment relationship with Mt. Lebanon, and the Dallas Baptist Association, does not create an expressed or an implied employment contract.

I understand I will be required to complete an Employment Eligibility Verification Form (I-9), and provide the following documentation: (1) a state issued driver's license or state issued ID, (2) original Social Security card. I will also be required to complete a Staff Health Statement, Staff Registration Form, and a Criminal Background/ Screening Form. Additionally I understand that Mt. Lebanon reserves the right to request drug screening at its discretion for all employees at anytime.

I promise to abide by all Mt. Lebanon and Dallas Baptist Association policies and rules. I agree to cooperatively participate in all staff training and work. I will consistently maintain a Christian attitude and refrain from any conduct/ actions which are inconsistent with an accepted Christian lifestyle or which would be unacceptable at a Christian camp.

**Applicant's Name (printed)**

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**Applicant's Signature**

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**Parent/Guardian Signature (if minor)**

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**Date** \_\_\_\_\_

**Questions or comments?**

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## Summer Staff Health Statement

Staff training requires participation in activities, which are physically challenging and will demand your complete attention and cooperation. These activities will physically and mentally challenge you and may cause elevated blood pressure, pulse rates, and respiration. It is imperative that you are free of any heart-related problems or other associated medical/ physical conditions, which might create undue risks to yourself or others that depend on you. You must be sure the activities do not exceed your ability. Good physical conditioning is essential and will increase your ability to perform safely and your enjoyment of outdoor activities. You will train and perform in a hot, dry outdoor environment and may experience prolonged sun exposure. If there is any doubt of your ability to safely participate in this training and other outdoor activities, you should consult a physician for a complete examination.

### Health Information

1. What health factors would limit your participation in outdoor activities? \_\_\_\_\_ -  
\_\_\_\_\_
2. Recent surgery or illness? \_\_\_\_\_
3. Recent broken bones, sprains, etc? \_\_\_\_\_
4. Asthma or heart condition? \_\_\_\_\_
5. Other physical limitations or precautions? \_\_\_\_\_
6. High Blood Pressure, Severe Dizziness, Fainting Spells? \_\_\_\_\_
7. Prescribed meal plan or dietary restrictions? \_\_\_\_\_
8. Diabetes? \_\_\_\_\_
9. Prescription Medicines? \_\_\_\_\_

**STATE ANY SPECIFIC LIMITATIONS ON ABOVE  
CONDITIONS** \_\_\_\_\_

**SPECIFIC LIMITATIONS/ PRECAUTIONS BY PHYSICIAN'S  
ADVICE** \_\_\_\_\_

### AGREEMENT TO PARTICIPATE

This health history is correct, and I believe that my health is satisfactory to participate in staff training and challenge course activities. I know of no physical limitations or disabilities, which could prevent me from safely completing staff training or participating in other camp activities without injury. I am aware of the inherent risks and difficulties associated with these activities and I represent that I am physically capable and will be properly dressed and equipped to participate safely in all activities. I understand that it is solely my responsibility to

determine whether there is any medical reason that I should not participate in any staff training activities. My signature indicates that I have read and understand this health statement, and that I agree to its content.

**Applicant's**

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Parent/ Guardian Signature (if  
minor)** \_\_\_\_\_

**Date** \_\_\_\_\_