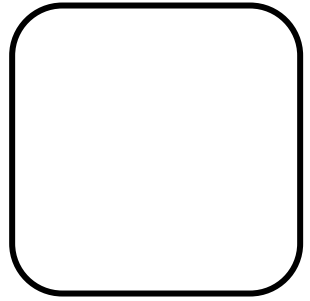


MT LEBANON STAFF

Returning Summer Staff Application

Draw a picture of yourself.



Please mail completed application to:

Mt. Lebanon Baptist Camp
Attn: Student Staff Coordinator
P.O. Box 427
Cedar Hill, TX 75106

First Name _____ Last Name _____

Date of Birth _____ Today's Date _____

Cell Phone _____ Home Phone _____

Email _____

Home/Permanent Address: _____

School Attending _____ Number of Years _____ Graduation Year _____

Major Course of Study _____

Current Church membership _____

List your personal involvement in ministries on your campus or in your church. _____

Employment Information

Current Employer _____ Phone _____

Job Title _____ Employed from _____ to _____ Supervisor _____

Responsibilities _____

Previous Employer _____ Phone _____

Job Title _____ Employed from _____ to _____ Supervisor _____

Responsibilities _____

About Yourself

What is it about returning to Mt. Lebanon that interests you? _____

What training and experiences have you had that might be useful this summer? _____

What was the best part of last summer for you? _____

What was your least favorite part of last summer? _____

What would you personally do differently than you did last summer? _____

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

Briefly evaluate your performance on Summer Staff last summer. _____

Briefly evaluate where you are in your relationship with Christ. _____

What are the five Summer Staff Laws?

- I. _____
- II. _____
- III. _____
- IV. _____
- V. _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any reference, including former employees, to give you any information, including opinions, which they have regarding my character and fitness to work at Mt. Lebanon. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I understand that 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.

Applicant's Name _____ Date _____

Applicant's Signature _____

Please contact J.T. Nanney with any questions.

office-(972)291-7156 or jnanney@mtLebanoncamp.com

The Deadline for the Returning Staff Application is March 1, 2011