

MT LEBANON STAFF

Summer Staff Application

Please mail completed application to:

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

Attach a
recent
photograph.

First Name _____

Last Name _____

Date of Birth _____

Today's Date _____

Cell Phone _____

Home Phone _____

Email _____

Twitter _____

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? If yes, which camp? _____

What were your job title and responsibilities? _____

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? _____

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

Certificates and Training

American Red Cross Lifeguard Training yes no Expiration Date _____
 CPR for the Professional Rescuer yes no Expiration Date _____
 Challenge/Ropes Course Training yes no Expiration Date _____
 Basic First Aid yes no Expiration Date _____
 Do you have any other training or certifications (please list expiration dates)? _____

Employment Information

(begin with most recent)

Employer _____ Phone _____
 Job Title _____ Employed from _____ to _____ Supervisor _____
 Responsibilities _____

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 Job Title _____ Employed from _____ to _____ Supervisor _____
 Responsibilities _____

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 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			
Email 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.

About Yourself

Are you a Christian? yes no

If yes, briefly describe how you came to Christ. _____

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. _____

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

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

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

Briefly describe how one becomes a Christian. Use scripture to support your answer. _____

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

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

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

Comments: _____

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) _____

Applicant's Signature _____

Parent/Guardian Signature (if minor) _____

Date _____

Questions or comments? _____

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 _____