

Mt. LEBANON STAFF

Support Staff Application

Attach a recent photograph.

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 _____

Preferred Name _____

Date of Birth _____ Today's Date _____

Phone _____ Email _____

Twitter _____ Instagram _____

Facebook _____

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 _____

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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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. Please do not list friends, roommates, or family members.

	I	II	III
Name			
Job Title			
Relationship			
Phone			
Address			
Email Address (required)			

Employment Dates

Our summer program runs for 9-10 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 _____

Mt. Lebanon expects all employees to maintain a lifestyle of sexual purity. Check below to agree that you will commit to a lifestyle that is above reproach and in accordance with biblical standards of abstinence if hired.

Agree Disagree

Mt. Lebanon requires summer staff to abstain from the consumption of alcohol for the duration of our summer camp program. This includes while on campus and off campus, both on weekdays and weekends. Check below to agree that you will adhere to these standards if hired.

Agree Disagree

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 you 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? _____

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.

Are you interested in being a lifeguard or general support staff?

Lifeguard General Support Staff No preference

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?

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 _____