



Impacting Lives Since 1865

# SUMMIT GROVE CAMP

140 South Front Street, New Freedom, PA 17349

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Web: [www.summitgrovecamp.org](http://www.summitgrovecamp.org)

Email: [sgc@summitgrovecamp.org](mailto:sgc@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

WSI

First Aid

CDL

Lifeguard

ServeSafe

\*\* Attach Resume if available.

Member



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:

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Hobbies:

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Skills:

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Previous Experience:

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Why do you want to work at Summit Grove Camp?

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Remarks:

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