

Gretna Glen Camp & Retreat Center



EASTERN PENNSYLVANIA CONFERENCE
OF THE UNITED METHODIST CHURCH
CAMP & RETREAT MINISTRY



VOLUNTEER STAFF APPLICATION

Our Mission:

As a ministry of the Eastern Pennsylvania Conference of The United Methodist Church, we provide safe, meaningful, and enjoyable experiences in camp and retreat settings that lead people to new and renewed life in Jesus Christ.

We partner with local congregations to be in mission for God, through Christ our Lord and Savior; by calling persons to new life in Jesus Christ, nurturing their journeys as disciples, and addressing the needs of their communities.

Name: _____ Phone: (____) _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Vocation: _____ Employer: _____

Birth Date: _____ Social Security No: _____

Students:

You are currently attending (circle one): High School College Grad School Other _____

School currently attending: _____

Grade/Class finished this June (circle one): Freshman Sophomore Junior Senior

Please list the event number, date and program director of the camp for which you would like to volunteer:

Event: _____ Dates: _____ Program Director: _____

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What does Jesus Christ mean in your life today? _____

What special skills do you bring with you that you feel would be valuable in a Christian camp setting?

What are your personal goals as a Volunteer Staff Member?

Indicate your prior camp experience as a camper, staff member or volunteer:

List any related certifications which you possess, such as First Aid, Lifeguard Training, CPR, WSI, EMT, etc.:

REQUIRED REFERENCES: *Please do not use relatives*

Complete Information is required.

A. Someone familiar with your volunteer work:

Name: _____ Position: _____
Address: _____ Phone (____) _____
City: _____ State: _____ Zip: _____

B. Church Friend (other than the pastor):

Name: _____ Position: _____
Address: _____ Phone (____) _____
City: _____ State: _____ Zip: _____

C. Employer (current or past):

Name: _____ Position: _____
Address: _____ Phone (____) _____
City: _____ State: _____ Zip: _____

D. Local Church: _____

Pastor's Name: _____
Address: _____ Phone (____) _____
City: _____ State: _____ Zip: _____

“By signing this application, I affirm to have answered all questions completely and accurately. I promise, if approved as a staff member, to be subject to the standards of the camp. I give permission for personal photos and/or comments to be used for promotional purposes.”

Applicant's signature: _____ Date: _____

Child abuse is a serious criminal offense. As a camp employee or volunteer, you may have the responsibility of caring for and supervising children. Your duties will be very important and also challenging. Please read the following statement with regard to your duties concerning child abuse and sign on the line designated:

“I hereby understand and agree that it is my duty under the law, and as a representative of Jesus Christ, to avoid, prevent and report the abuse (physically, verbally or sexually) of any child under my care, in an effort to provide quality development in a Christian camp setting.”

Applicant's signature: _____ Date: _____

**NOTE: All applicants are subject to a mandatory: *Pennsylvania Child Abuse History Clearance
Criminal History Record Check
National Sex Offender Public Registry Search***

Please mail your application directly to:

Apryl Miller, Director 87 Old Mine Road, Lebanon, PA 17042 (717) 273-6525