



EASTERN PENNSYLVANIA CONFERENCE
OF THE UNITED METHODIST CHURCH

Gretna Glen Camp & Retreat Center

RETURNING VOLUNTEER STAFF APPLICATION

Our Mission:

The Mission of the Eastern Pennsylvania United Methodist Camp and Retreat Ministries is to provide transforming experiences in sacred spaces within God's creation that bring diverse 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: calling persons to new life in Jesus Christ, nurturing their journey as disciples, and addressing the needs of the communities in which they live.

If you would like to be a part of the exciting Camping Ministry of the Eastern Pennsylvania Conference, please complete all parts of this application form carefully. Incomplete forms will not be considered.

Name: _____ Male _____ Female _____
First Name Preferred M.I. Last

Address: _____

City State Zip

Phone Number(s): Home () _____ College/Work/Cell(*specify which*): () _____

Email Address: _____ Vocation: _____

Birth Date: _____ Age: _____

If Student: Grade in School (*now*): _____ Year in College (*now*): _____

School or College Name: _____

VOLUNTEER POSITION DESIRED: I would like to serve in the following capacity (-ies):

_____ Counselor _____ Nurse _____ Program Director/Co-Director _____ Other: _____

PREFERRED SERVICE DATES & CAMPS:

	dates	camp #	camp name
Please see the schedule for the camp	/		
dates, numbers, and names.	/		
	/		

Camp(s) served last year _____

Do you plan to bring any young children? (those not old enough to attend a program that is being held during the same week) Yes No

If yes, please provide names(s), age(s), grade(s) _____

Local church/fellowship I currently attend: _____

Pastor: _____ Phone (Day) _____ (Evening) _____

REQUIRED REFERENCES: Please do not use relatives

Complete Information is required.

A. Someone familiar with your volunteer work:

Name: _____
Address: _____
City: _____
Email: _____

Position: _____
Phone (____) _____
State: _____ Zip: _____

B. Church Friend (other than the pastor):

Name: _____
Address: _____
City: _____
Email: _____

Position: _____
Phone (____) _____
State: _____ Zip: _____

C. Employer (current or past):

Name: _____
Address: _____
City: _____
Email: _____

Position: _____
Phone (____) _____
State: _____ Zip: _____

D. Local Church: _____

Pastor's Name: _____
Address: _____
City: _____
Email: _____

Phone (____) _____
State: _____ Zip: _____

Authorization & Agreement Signature

“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.”

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:

Volunteers are accepted without regard to race, color, national origin, or gender.
All applicants age 18 and over 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
Gretna Glen Camp & Retreat Center
87 Old Mine Road Lebanon, PA 17042
(717)273-6525