

# CAMP TIMBERLEDGE

## STAFF APPLICATION FORM

-- DUE BY JUNE 1 --

Camp Timberledge Staff Application, c/o Pastor Bill Rushik  
South Canaan Free Methodist Church, P.O. Box 35, South Canaan, PA 18459  
QUESTIONS: 570-937-3457 or [brushik@camptimberledge.org](mailto:brushik@camptimberledge.org)

### I. PERSONAL DATA (PLEASE PRINT):

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM / DD / YY)  
Home Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_)\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_ Email \_\_\_\_\_

### II. CAMP LEADERSHIP EXPERIENCE

# of years working at Camp Timberledge: \_\_\_\_\_ Grade/age level? \_\_\_\_\_  
Did you ever attend Camp Timberledge? \_\_\_\_\_ Grades? \_\_\_\_\_  
# of years working at another camp: \_\_\_\_\_ Grade/age level?: \_\_\_\_\_  
Camp name: \_\_\_\_\_

Please list your experience with youth and the gifts and talents you can contribute to the camping experience:

---

---

---

Please share in your own words the reasons you volunteer at camp and the vision you have for helping our campers in their spiritual growth:

---

---

---

### III. AVAILABILITY: I am interested in the following position(s):

\_\_\_ Counselor    \_\_\_ Cook    \_\_\_ Nurse    \_\_\_ Maintenance    \_\_\_ Other: \_\_\_\_\_

I am available for the following camp (s). (Refer to Camper Registration Brochure for scheduled camp dates.)

First Choice: Camp Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Second Choice: Camp Name: \_\_\_\_\_ Dates: \_\_\_\_\_

**IV. CHILD ABUSE STATEMENT:**

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor: \_\_\_ No \_\_\_ Yes      If Yes, please explain: \_\_\_\_\_

**V. CHURCH ENDORSEMENT:** (NOTE: If applicant is a Pastor, please have Church Board complete.)

I recommend and our church endorses the applicant as counselor/staff for Camp Timberledge. The applicant:

\_\_\_ Is an active church member    \_\_\_ Attends at least twice a month    \_\_\_ Attends less than once a month  
\_\_\_ Attends irregularly            \_\_\_ Does not attend

To your knowledge has this person been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? (Circle One)

Yes    or    No

If Yes, please explain: \_\_\_\_\_

Signature of Church Official: \_\_\_\_\_

Church Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**VI. REFERENCES:** Due to youth safety standards **WE REQUIRE TWO REFERENCES**, other than that of your Pastor. Please list references who have worked with you one year (+), ideally in a leadership capacity with youth. References should not be a relative. Complete contact information required.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

**VII. APPLICANT SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_