



www.penieltbibleconference.org office@penieltbibleconference.org

336 Lake Tour Road P.O. Box 369

Lake Luzerne, NY 12846

518-696-4038

Volunteer Staff Application

Application Information

Name:

Email:

Phone: Home Cell

Address:

Article 13-B of NYS Public Health Law requires Children's camp operators to perform a background check through the NYS division of Criminal Justice Service (DCJS) Sex Offender Registry. These background checks must be completed prior to the day the volunteer/staff member starts work on campus and annually prior to their arrival at camp. The law applies to all children's camps and to all prospective volunteers/staff regardless of their job title or responsibilities.

Social Security Number: _____ - _____ - _____

Driver's Licence Number:

State issue by:

Expiration date:

Date of birth:

Have you ever plead guilty or have been convicted of a crime?

Yes (Please explain at the end of the application.)
No

Food Allergies:

Yes No

Do you take daily medication?

Yes No

Job Information

What is your availability for the summer?

Are you applying for the LAMP program?

Yes

No

Job Preferences

Counselor

Child Care

Office Help

Maintenance

Food Services

Housekeeping

Worship/Music

Crafts/Arts

Bible Study/Teaching

Nature/Canoeing/Hiking

Dance/Drama

Sports/Games/Activities

Sign Language

Lifeguarding

Photography

Other _____

Is there any reason you may have difficulty performing any of the essential tasks involved in the position(s) you are applying for?

Yes (Please explain at the end of the application.)

No

Please list the top two positions that you are most interested in. Please provide any previous experience you have had that might be related to that position.

Preference #1:

Experience:

Preference #2:

Experience:

Current Certifications

Lifeguard

CPR/AED

Wilderness First Aid

WSI

LSM

LPN (State: _____)

RN (State: _____)

EMT (State: _____)

Other _____

References

Current Employer: _____

Current School: _____

Major: _____ Graduation Date: _____

All staff must provide contact information for three references. References can not be relatives. You may be asked to provide three written references at a later date.

Name:	Telephone Number:	Relationship:	Years Known:

Church Membership Information

Name of Church: _____

Please list all previous Church and non-Church work you have done involving youth.

Organization Name:	Address:	Work Performed:	Date:

I have read and agree with Peniel's Doctrinal Statement of Faith.

Give a brief testimony of your personal faith.

Why do you want to share in the ministry of Peniel? How are you hoping to grow in Christ through your experience?