

List Hobbies and Interests which you would like to share with campers:

OTHER SKILLS, CERTIFICATIONS (Check and complete all that apply)

<input type="checkbox"/> RED CROSS LIFESAVING	EXPIRATION DATE _____	
<input type="checkbox"/> OTHER LIFESAVING	EXPIRATION DATE _____	AGENCY _____
<input type="checkbox"/> RED CROSS W.S.I.	EXPIRATION DATE _____	
<input type="checkbox"/> OTHER WATER SAFETY INST.	EXPIRATION DATE _____	AGENCY _____
<input type="checkbox"/> RED CROSS FIRST AID	EXPIRATION DATE _____	
<input type="checkbox"/> OTHER FIRST AID	EXPIRATION DATE _____	AGENCY _____
<input type="checkbox"/> RED CROSS CPR	EXPIRATION DATE _____	
<input type="checkbox"/> OTHER CPR	EXPIRATION DATE _____	AGENCY _____
<input type="checkbox"/> CURRENT PA DRIVERS LICENSE # _____		EXPIRATION _____

Explain briefly why you are interested in a camp job and what do you consider your qualifications for the position? (use additional paper if appropriate)

PLEASE INCLUDE 3 PERSONAL REFERENCES

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATES YOU WILL BE AVAILABLE (or unavailable) for A PERSONAL INTERVIEW:

I understand that a certificate of a satisfactory physical examination is a prerequisite to acceptance for employment. By signing below, I hereby declare all statements above to be true and accurate to the best of my knowledge. I hereby authorize Camp Lackawanna or other authorized representatives of the camp bearing this release, or copy thereof, to obtain any information pertaining to any of the following: my criminal history and / or Child Abuse Registry history. I hereby direct agencies charged with the collection of the above information to release such information upon request of Camp Lackawanna or other authorized representatives of the camp. I hereby fully release and discharge Camp Lackawanna or other authorized representation of the camp, their respective affiliates, employees, agents, attorneys and any individual organization, entity, agency or other source providing information to Camp Lackawanna or other source from all claims and damages arising out of or relating to any investigation of my background for the purposes of either my employment or volunteer work at Camp Lackawanna.

Applicant's signature

Date of application

Please return to:
Lorrie Loughney, Associate for Camp and Christian Education
Presbytery of Lackawanna
550 Madison Avenue
Scranton, PA 18510
570/348-0643 (daytime) 570/346-8895 (evenings)
kpls2@aol.com or presbylack@aol.com

Presbytery of Lackawanna
Camp Staff Application
Please type or print clearly

Name Social Security Number Date of Birth

School Year Address School Year
Telephone

Permanent Address Permanent Telephone

E-mail address (if applicable) Tee Shirt Size

Church Affiliation (member or participant)

Church's Town or City and State

In what capacity have you served or been involved?

POSITION DESIRED (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Program Assistant |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Cook's Assistant | <input type="checkbox"/> Office Helper |
| <input type="checkbox"/> Arts & Crafts Director | <input type="checkbox"/> Other _____ | |

EDUCATION (Name and address of school/college last attended or are currently attending, include Major)

School Year completed by start of camp season

Describe your experience in working with children _____

Have you ever worked at Camp Lackawanna _____ If yes, When? _____ Position: _____

Have you ever worked at another camp? _____ Camp Name _____ Dates _____

EMPLOYMENT HISTORY

<u>Position Title</u>	<u>Employer's Name/Address/Phone</u>	<u>Supervisor</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In your own words, briefly describe your Christian commitment (use additional paper, if appropriate)

