

CAMP JUDSON

398 Holliday Road P.O. Box 65

North Springfield, Pa 16430

Phone (814) 922-3834 Fax (814) 622-1251

E-Mail judson@velocity.net Web page www.campjudson.com

These questions are designed to give us a complete picture of the applicant, and to assist us in selecting a well balanced and properly diversified staff for Camp Judson.

Please list the main position you are interested in and 2 other alternatives in preference order.

POSITION APPLYING FOR: _____

ALTERNATIVE POSITION: _____

ALTERNATIVE POSITION: _____

GENERAL INFORMATION

Name _____
(Last) (First) (Middle)

Permanent Address _____
(Street) (City) (State) (Zip)

Phone _____ E-mail address _____

College Address _____
(Name) (Street) (City) (State) (Zip)

College Phone _____ College e-mail address _____

Home Church _____ Church Address: _____

Do you drive _____ License # _____ State _____

Have you been convicted of a felony? Yes _____ No _____

EDUCATION

Years	School	Major Subjects	Degree Granted

PAST EMPLOYMENT (List previous employment first)

Dates	Employer	Address/Phone	Nature of Work	Supervisor	Reason for Leaving

CAMP EXPERIENCE

Dates	Camp	Director	Address	Camper or Staff

REFERENCES (Give names/addresses of 3 persons (not relatives) having knowledge of your character, experience, and ability)

IT IS MANDATORY TO HAVE ONE REFERENCE FROM YOUR PASTOR.

Name	Address & City	Phone

Do you have any of the following qualifications?

Standard First Aid Cert. _____ Recreational Leadership _____

CPR _____ Craft Leadership _____

ARC/Life Guard _____ Musical Leadership _____

ARC/Water Safety Instructor _____ CHA Certification _____

Why do you want to work at Camp Judson:

Briefly describe the history of your Christian faith. How can you relate this to others in a church camp setting?

Are there any reasons you may have difficulty in performing any of the essential elements of the jobs for which you have applied? Yes _____ No _____ if so, please explain:

Please indicate the 2 dates and locations you will available for and interview 1. _____

(See enclosed interview schedule)

2. _____

I authorize investigation of all statements herein and release the camp and all others from liability in connection with same. I understand that if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the director of the camp. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp.

Signature: _____

Date: _____

