



Camp Orchard Hill
 640 Orange Rd
 Dallas, PA 18612
 Phone 570-333-4098 Fax: 570 -333-4058
 Email: office@camporchardhill.com

PART-TIME APPLICATION

APPLICANT INFORMATION

Position Applying For:

Last Name _____ First _____ M.I. _____ Date _____
 Street Address _____ Apartment/Unit # _____
 City _____ State _____ ZIP _____
 Phone _____ E-mail Address _____ T-Shirt Size _____
 Cell Phone: _____ Marital Status: _____ Date of Birth: _____
 Date Available _____ Social Security No. _____ Male _____ Female _____

Do you have children of your own? Gender and age of each.

Would your children need to be at camp with you?

Have you ever been convicted of a crime? If yes please explain.

Do you have a current Child Abuse Clearance? ____ Do you have a current criminal background check? _____
Please include copy with your application. If you do not have one we can run one for you.

REFERENCES

- Please list two professional people including your Pastor who are familiar with your character and qualifications.*

Full Name _____ Relationship _____
 Company _____ Phone () _____
 Address _____
 Full Name _____ Relationship _____
 Company _____ Phone () _____
 Address _____

MEDICAL

Do you have accident and hospital insurance? Yes ____ No _____
 Company and Policy number: _____

Explain any serious illnesses or injuries you have had in the past five years:

Please list any physical, mental or emotional handicaps:

Are you allergic to any medications? Yes ____ No _____ If yes, what?

In Emergency contact: Name: _____ Relationship? _____
 Address: _____ City, State, Zip _____

Day Phone _____ Night Phone: _____ Cell Phone: _____

CURRENT OR LAST EMPLOYMENT

Company

Phone

Address

Supervisor

Job Title

Responsibilities

From

To

Reason for Leaving

QUESTIONS – Please use additional paper if necessary

1. Have you been a camper or a volunteer (in what capacity) at Camp Orchard Hill? Or another camp?

2. Please state your experience of salvation and commitment to Jesus Christ:

3. What experiences, skills or qualifications do you possess that would be useful in a camp setting?

4. Why do you want to work at Camp Orchard Hill?

5. Do you like children? _____ Do children like you? _____ Do you like teenagers? _____

Explain why _____

6. What would you most want children to gain from being with you?**DISCLAIMER AND SIGNATURE**

I hereby certify that all of the information that I have provided to Camp Orchard Hill in this application or otherwise is true. I give permission to Camp Orchard Hill and its agents to attempt to verify the information that I have provided by questioning my references, employers, schools, friends, family members and anyone else who is contacted by Camp Orchard Hill to release all information that they possess about me to Camp Orchard Hill or its agents. I understand that if, in the sole opinion of Camp Orchard Hill I have provided false, misleading or incomplete information, my application will be rejected or if it has already been accepted, I will be terminated.

Signature

Date