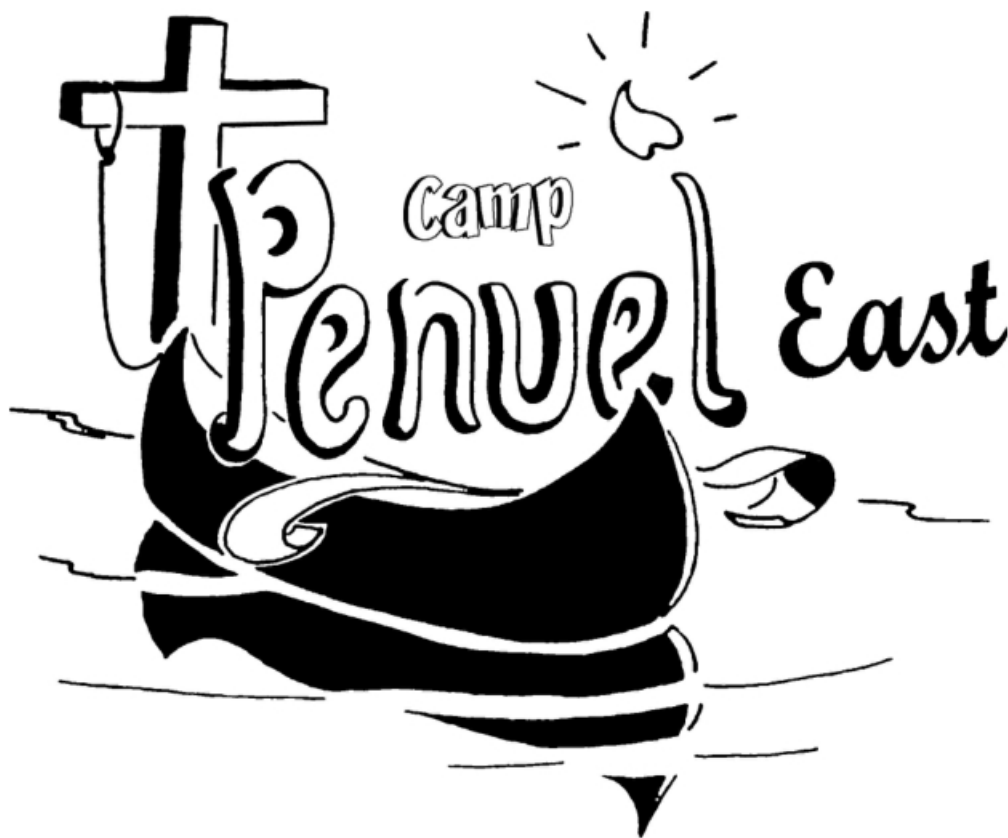


Staff Employment Packet

version 2021



P.O. Box 510 ♦ Eldred, PA 16731 ♦ (814) 225-3222

Camp Penuel East

Serving America's Inner-City Children
PO Box 510
Eldred, PA 16731
(814) 225-3222
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APPLICATION FOR MINISTRY SERVICE

Camp Penuel practices equal opportunity

PERSONAL INFORMATION

Name (Last, First, Middle): _____ Date: _____

Social Security Number: _____ Birth Date: _____ Age: _____ T-Shirt Size: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Home Church: _____ Pastor: _____

Have you ever worked at Camp Penuel before? If yes, please provide dates.

If applicable, please provide any health conditions we should be aware of, use back if necessary.

Position You Are Applying For (Lifeguard, Housekeeper, General Staff – Activity Coordinator, Waterfront, etc.) _____

Title: _____ Stipend is commensurate on position and experience.

Referred by: _____ Are you available the entire season?

List any skills and/or qualifications for working with children ages 7 to 11?

EDUCATION RECORD

High School (Name, City, State): _____

Graduation Date: _____

College, Business or Technical School (Name, City, State): _____

Dates Attended: _____ Degree Earned: _____

WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)

1-Employer _____ Dates Employed: _____

Address: _____ From: _____ To: _____

City: _____ State: _____ Zip: _____

Phone: _____ What you liked most? _____

Title/Duties: _____

Manager's Name and Title: _____ What you liked least? _____

Reason for Leaving: _____

2-Employer _____ Dates Employed: _____

Address: _____ From: _____ To: _____

City: _____ State: _____ Zip: _____

Phone: _____ What you liked most? _____

Title/Duties: _____

Manager's Name and Title: _____ What you liked least? _____

Reason for Leaving: _____

3-Employer _____ Dates Employed: _____

Address: _____ From: _____ To: _____

City: _____ State: _____ Zip: _____

Phone: _____ What you liked most? _____

Title/Duties: _____

Manager's Name and Title: _____ What you liked least? _____

Reason for Leaving: _____

Emergency Info. Please notify-

Name: _____ Relation: _____ Home No. _____ Cell/Work: _____

Address: _____ City: _____ State: _____ Zip: _____

PERSONAL REFERENCES (MUST NOT BE FAMILY AND AT LEAST ONE SHOULD BE YOUR CURRENT PASTOR)

1-Name: _____ Years Known: _____
Work Phone: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to You: _____ Email: _____

2-Name: _____ Years Known: _____
Work Phone: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to You: _____ Email: _____

3-Name: _____ Years Known: _____
Work Phone: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to You: _____ Email: _____

On a separate sheet of paper(s) please explain why you desire to work with Camp Penuel East. Be detailed including any personal experiences with camp, what you know to be the mission of the camp and what you think you can both learn and lend to the camp's efforts to reach kids for Jesus. Please type if possible and return with application.

PLEASE READ AND SIGN

By signing this, you are releasing Camp Penuel and/or its associates to verify work history and personal references. You are further agreeing to the full camp term, which was previously revealed to you. If you are applying for lifeguard, nurse or other certifiable position, you must return application with applicable certification(s). This is not a binding contract, nor is it any guarantee of an employment offer from Penuel, Inc. or any of its associates. Penuel, Inc. does not discriminate on the basis of race, color, age, sex or nation of origin.

Signature: _____

Date: _____

Parental Consent for Medical Treatment



Staff Members Full Name _____

Family Physician Information

Name: _____

Address _____

Where doctor can be reached: _____

Insurance Information

Company name _____

ID # _____

Group # _____

Phone # _____

Other insurance information: _____

Medical Information

Chronic or existing medical conditions: _____

Current medications:

Known food allergies or special dietary needs

Parental Consent for Medical Treatment



Staff Member's Information

Name: _____

Date of Birth: _____

Mailing Address: _____

Home phone #: _____ Alt # _____

Parent information:

Name: _____

Address _____

Where parents can be reached: _____ Alt # _____

Legal Guardian (If Different From Parent) Information:

Name: _____

Address _____

Where legal guardian can be reached: _____ Alt # _____

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE CAMP PENUEL EAST THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD _____ IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY BY CAMP PENUEL EAST STAFF. I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEMED NECESSARY. I RELEASE CAMP PENUEL EAST, STAFF AND COUNSELORS FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD SO LONG AS CAMP PENUEL EAST STAFF IS NOT GROSSLY NEGLIGENT.

This consent serves as permission for treatment by ANY Hospital, emergency room, or medical personnel.

I agree to pay for all services provided for my child in my absence.

Signatures

Parent or Legal Guardian (if child is under the age of 18)

Date

Staff Members Signature

Date

Please Fill Out Both Sides