



# Gretna Glen Camp & Retreat Center

## God's Place Apart. Transforming lives.

### Volunteer Application



***Our Mission:***

The Mission of the Eastern Pennsylvania United Methodist Camp and Retreat Ministries is to provide transforming experiences in sacred spaces within God's creation that bring diverse people to new and renewed life in Jesus Christ.

*We partner with local congregations to be in mission for God through Christ, our Lord and Savior: calling persons to new life in Jesus Christ, nurturing their journey as disciples, and addressing the needs of the communities in which they live.*

If you would like to be a part of the exciting Camping Ministry of the Eastern Pennsylvania Conference, please complete all parts of this application form carefully. Incomplete forms will not be considered.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vocation: \_\_\_\_\_ Employer: \_\_\_\_\_

Birth Date: \_\_\_\_\_ How many years have you volunteered at Gretna Glen? \_\_\_\_\_

Have you lived in Pennsylvania for the last 10 consecutive years? Yes or No

***Students:***

You are currently attending (circle one):    High School    College    Grad School    Other \_\_\_\_\_

School currently attending: \_\_\_\_\_

Grade/Class finished this June (circle one):    Freshman    Sophomore    Junior    Senior

Please list the event number, date and program director of the camp for which you would like to volunteer:

Event: \_\_\_\_\_ Dates: \_\_\_\_\_ Program Director: \_\_\_\_\_

Event: \_\_\_\_\_ Dates: \_\_\_\_\_ Program Director: \_\_\_\_\_

What does Jesus Christ mean in your life today? \_\_\_\_\_

\_\_\_\_\_

What special skills do you bring with you that you feel would be valuable in a Christian camp setting?

\_\_\_\_\_

\_\_\_\_\_

What are your personal goals as a Volunteer Staff Member?

\_\_\_\_\_

**CERTIFICATIONS**

<input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> EMT <input type="checkbox"/> LPN <input type="checkbox"/> RN	<input type="checkbox"/> Lifeguard <input type="checkbox"/> Challenge Course <input type="checkbox"/> Boater Safety Certification <input type="checkbox"/> Water Safety Instructor <input type="checkbox"/> National Archery Association
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**REQUIRED REFERENCES: Please do not use relatives**

**Complete Information is required.**

**A. Someone familiar with your volunteer work:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
\* Email: \_\_\_\_\_

Position: \_\_\_\_\_  
Phone ( \_\_\_\_ ) \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B. Church Friend (other than the pastor):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
\*Email: \_\_\_\_\_

Position: \_\_\_\_\_  
Phone ( \_\_\_\_ ) \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**C. Employer (current or past):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
\*Email: \_\_\_\_\_

Position: \_\_\_\_\_  
Phone ( \_\_\_\_ ) \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**D. Local Church: \_\_\_\_\_**

Pastor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
\*Email: \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

*\*Our goal is to utilize email for references when possible.*

**Authorization & Agreement Signature**

“I understand that by volunteering my times and talents that I am serving Jesus Christ. I pledge wholeheartedly and to the best of my ability. I will read the staff training manual and attend a pre camp training. I will cooperate fully with the Site Director & Program Director in order to provide the best atmosphere for encouraging campers to come to a closer walk with the Lord. I will openly share my faith with campers, other volunteers and staff members. I will at all times conduct myself in a way that is a witness to my faith in Jesus Christ.

By signing this application, “I affirm to have answered all questions completely and accurately. I promise, if approved as a staff member, to be subject to the standards of the camp. I give permission for photos or video of myself to used for promotional purposes.”

Child abuse is a serious criminal offense. As a camp employee or volunteer, you will have the responsibility of caring for and supervising children. Your duties will be very important and also challenging. Please read the following statement with regard to your duties concerning child abuse and sign on the line designated:

**“I hereby understand and agree that it is my duty under the law, and as a representative of Jesus Christ, to avoid, prevent and report the abuse (physically, verbally or sexually) of any child under my care, in an effort to provide quality development in a Christian camp setting.”**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Volunteers are accepted without regard to race, color, national origin, or gender.**  
**All applicants age 18 and over are subject to a mandatory: Pennsylvania Child Abuse History Clearance, Criminal History Record Check, National Sex Offender Public Registry Search**

Mail Application to:

Apryl Miller Director • Gretna Glen Camp & Retreat Center • 87 Old Mine Road • Lebanon, PA 17042  
Questions Call: (717) 273-6525 director@gretnaglen.org