

# French Creek Bible Conference Volunteer Staff Application

For more information about conferences and volunteer service responsibilities, please visit [www.frenchcreek.org](http://www.frenchcreek.org).

## PERSONAL INFORMATION

Name, Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you have a Pennsylvania address, have you been a resident for 10 or more years? Yes No

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Gender Male Female Are you 18 years of age or older? Yes No If no, give date of birth \_\_\_\_\_

Certifications (i.e. Lifesaving, EMT, LPN, RN, 1st Aid, CPR, etc):  
\_\_\_\_\_  
\_\_\_\_\_

Do you play any instruments? \_\_\_\_\_ Can you read music? Yes No

Have you ever been convicted of a felony? (A conviction will not automatically disqualify job candidates. Seriousness of crime and date of conviction will be considered.) Yes No if yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

## 2017 CONFERENCE INFORMATION

Please check the conference you are applying for:

Grades 11 & 12	July 10-17	David Porter	243 Clover Hill Court, Yardley, PA 19067	(215) 206-6495	<a href="mailto:dporter@frenchcreek.org">dporter@frenchcreek.org</a>
Grades 9 & 10	July 17-24	Andrew Reith	42 Addison Boyce Drive, New City, NY 10956	(201) 694-6820	<a href="mailto:areith@frenchcreek.org">areith@frenchcreek.org</a>
Grades 7 & 8	July 29-Aug 5	Andrew Reith	42 Addison Boyce Drive, New City, NY 10956	(201) 694-6820	<a href="mailto:areith@frenchcreek.org">areith@frenchcreek.org</a>
Grades 4, 5 & 6	July 24-29	Kevin Laubach	410 South 4th Street, Phillipsburg, NJ 08865	(570) 994-5995	<a href="mailto:klaubach@frenchcreek.org">klaubach@frenchcreek.org</a>
Post High	July 7-10	Chris Byrd	419 Twickenham Rd., Glenside PA 19038	(609) 923-6333	<a href="mailto:cbyrd@frenchcreek.org">cbyrd@frenchcreek.org</a>
Labor Day Family	Sept. 1-4	Charley DeBoer	893 North Broadway, Wind Gap, PA 18091	(484) 903-1014	<a href="mailto:cdeboer@frenchcreek.org">cdeboer@frenchcreek.org</a>

I desire to serve the Lord as counselor kitchen staff other \_\_\_\_\_ for the conference indicated.

Are you applying for other conferences? Yes No If yes, which? \_\_\_\_\_

Please explain why you wish to be considered for the position you are applying for. (Please write on back if you need more room.)  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Please provide two (2) non-related references from people in the following areas of your life.

1. Spiritual Reference: pastor, youth pastor or spiritual counselor (listed under Church Involvement)
2. Ministry/Work Reference: former employer (listed under Work Experience)

### Church Involvement

I am currently ( a communicant member, a non-communicant member, or attending) in good standing at

Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Ministry/Work Experience

French Creek, Camp, Ministry, Work or Other Experience (MOST RECENT)

I have no such experience

Ministry/Work \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Responsibilities \_\_\_\_\_

## EMERGENCY CONTACT

In the event of an emergency, contact

Primary: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

Secondary: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

## INSURANCE AND GENERAL HEALTH INFORMATION

The following information **must** be provided (or a photocopy of both sides of the insurance card included with the registration). Any third party medical treatment will be submitted first to the individual's insurance carrier for payment. Any unpaid or uncovered expenses will then be submitted to FCBC's insurance carrier for payment. Any remaining balance is the responsibility of the individual treated.

Name of Insured \_\_\_\_\_ (i.e. the name of the policy holder)

Insurance Company \_\_\_\_\_ Ins. Co. Phone \_\_\_\_\_

ID Number \_\_\_\_\_ Group Code \_\_\_\_\_

List any health problem (allergies, asthma, heart disease, epilepsy, diabetes, dietary, other) and any medication that will be taken during the conference. Date of last tetanus shot \_\_\_\_\_

## DISCLAIMER AND ACKNOWLEDGEMENTS

Except as indicated above, I am in good health and am therefore fit to participate fully in all activities of the conference, and I give my permission for hospital treatment in the event of an emergency, and to release any and all pertinent medical information.

I agree to allow French Creek Bible Conference to use audio, video, still pictures and stories of myself for promotional purposes. This will be done with all due respect to the individual's right to privacy, and will not indicate my name or any other personal information.

I agree to the disclosure of my personal contact information to French Creek Bible Conference Association staff members and the use of such information by staff members for purposes related to the conferences. I also agree to the disclosure of my personal contact information to the Orthodox Presbyterian Church. I give my permission to contact me through social networking sites.

I agree that any claims or disputes I have or may have with French Creek Bible Conference Association or its staff will be settled by Biblically-based mediation and if necessary, legally binding arbitration in accordance with the provisions of Article XII of the Bylaws of French Creek Bible Conference Association.

If accepted as a volunteer, I agree to complete the necessary French Creek Bible Conference volunteer background check and Pennsylvania state law requirements in a timely manner. I also agree to abide by all the rules and regulations set forth by the French Creek Bible Conference Association and promise to abide by these rules and regulations throughout the conference. I understand that my volunteer service can be terminated AT WILL, with or without cause, at any time, either at my option or at the option of the conference director.

**I will be attending my own age-appropriate conference this summer as a camper.** Yes No

If no, explain \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The following is required for all counselors who will be under age 18 during the conference:**

I certify and agree that my child and I will be bound by the provisions listed above and where my child's consent is legally insufficient, I hereby consent on his or her behalf to the provisions above.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Print and mail or email completed form to the Director of the conference for which you are applying.  
A separate application must be completed for each conference where you would like to serve.**