

Volunteer Application

Susquehanna Conference Camp & Retreat Ministries

Name _____
Last
First
Middle

Present address _____

City: _____ State _____ Zip _____

Phone: _____ E-mail _____

Position applied for: _____

Date you are available to start: _____ Are you over the age of 18? Yes ___ No ___

Qualifications:

Academic achievements: (Schools attended, degrees earned, dates of completion)

Continuing education completed: (Courses taken, dates of completion) attach separate sheet if needed.

Professional organizations: (List any in which you have membership)

First aid training? Yes _____ No _____ Date Completed _____

CPR training? Yes _____ No _____ Date completed _____

AED training? Yes _____ No _____ Date completed _____

Sign Interpretation Training? Yes _____ No _____

Other Trainings or Certifications _____

Previous Work Experience: Please list your previous employers from the past five years. Include the job title, a description of position duties and responsibilities, the name of the company/employer, the address of company/employer, the name of your immediate supervisor, and the dates you were employed in each position.

Job Title	Duties/Responsible	Company/Employer	Address	Supervisor	Date

Previous Volunteer Experience: Please list any relevant volunteer positions you have held and list the duties you performed in each position, the name of your supervisor, the address and phone number of the volunteer organization, and the dates of your volunteer service.

Positions	Duties	Supervisor	Address	Phone No.	Dates

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)?
 No _____ Yes _____

If yes, give date, location, and explanation:

References: Please list three individuals who are not immediate family members or in the same residence. Please list people who have known you for at least three years.

1. Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Daytime Phone: _____ Evening Phone: _____
 Length of time you have known reference: _____ Relationship to reference: _____

