

French Creek Bible Conference Volunteer Staff Application

For more information about conferences, volunteer service responsibilities, and to apply online, please visit www.frenchcreek.org.

All staff applicants must have their background checks finalized prior to submitting their staff application.

PERSONAL INFORMATION PLEASE (PRINT CLEARLY, DO NOT WRITE IN CURSIVE)

First Name _____ Last Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

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, First 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: _____

*Staff who are eighteen or over must have their background clearances in hand before applying to serve. Contact the specific director for additional information.

2022 CONFERENCE INFORMATION (PRINT CLEARLY, DO NOT WRITE IN CURSIVE)

Please check the conference you are applying for:

Grades 11 & 12	July 11-18	David Porter	243 Clover Hill Court, Yardley, PA 19067	(215) 206-6495	DavidPorter@frenchcreek.org
Grades 9 & 10	July 18-25	Andrew Reith	Please email a PDF scan to the director	(201) 694-6820	AndrewReith@frenchcreek.org
Grades 7 & 8	July 25-Aug 1	Seth DeBoer	610 Clearfield Rd, Nazereth, PA 18064	(610) 360-3495	SethDeBoer@frenchcreek.org
Grades 4, 5 & 6	Aug 1-6	Nathan Fillebrown	42 Willow Ave, Bloomsbury, NJ 08804	(609) 658-0535	NathanFillebrown@frenchcreek.org
Post High	July 8-11	Chris Byrd	943 Hilltop Rd, Plainfield, NJ 07060	(609) 923-6333	ChrisByrd@frenchcreek.org
Labor Day Family	Sept 2-5	Nathan Fillebrown	42 Willow Ave, Bloomsbury, NJ 08804	(609) 658-0535	NathanFillebrown@frenchcreek.org

I desire to serve the Lord as Counselor Kitchen Staff** Other _____ for the conference indicated.

**Kitchen staff applications go directly to Dana Schnitzel, 259 Arbour Ct. North Wales, PA 19454, (215) 802-0061, DanaSchnitzel@frenchcreek.org. (Limited spaces available. Please contact her prior to submitting your forms.)

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 (PRINT CLEARLY, DO NOT WRITE IN CURSIVE)

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 (check one) communicant member, 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 (PRINT CLEARLY, DO NOT WRITE IN CURSIVE)

In the event of an emergency, contact

Primary: Name _____ Phone _____
Relationship to applicant _____
Secondary: Name _____ Phone _____
Relationship to applicant _____

INSURANCE AND GENERAL HEALTH INFORMATION (PRINT CLEARLY, DO NOT WRITE IN CURSIVE)

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 (PRINT CLEARLY, DO NOT WRITE IN CURSIVE)

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 also understand that I am expected to follow health and safety protocols outlined by FCBC while on the campgrounds and any possible changes coming from 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.**