



Mt Deliverance Worship Center  
 2907 Pleasant View Rd.  
 New Columbia, PA 17856  
 570-568-9032

[camp@mtdeliverance.org](mailto:camp@mtdeliverance.org)

[www.mtdeliverance.org](http://www.mtdeliverance.org)

John 10:10 ...I am come that they might have life, and that they might have it more abundantly.

## Christian Service Application

### Personal Data *(as it appears on your I.D.)*

First:	Last:	Church:		
Address:		City:	State:	Zip:
Gender:	Birth date:	Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married		
Phone:		Email Address:		
Emergency Contact:			Phone:	
List all allergies and health conditions of which the camp should have knowledge:				

**Check Desired Involvement:**     Counselor     Staff/Helper     Kitchen

### Christian and Ministry Experience

Years served at Mt Deliverance Youth Camp?
<b>Check all true statements that apply:</b>
<input type="checkbox"/> I have received Jesus Christ as my personal Lord and Savior.
<input type="checkbox"/> I certify that I have not engaged in, been accused, arrested or convicted of child abuse, neglect, or any other sexually related crime nor have I been involved in acts of emotional, physical, or sexual abuse or neglect with regards to a child or teen.
<input type="checkbox"/> I certify that I currently do not use illegal drugs, alcohol, or view pornography
<input type="checkbox"/> I have medical training.
<input type="checkbox"/> I am CPR certified

### Pastoral Reference:

As the Pastor of this applicant, I give my approval and recommendation for the said applicant to serve at Mt Deliverance Youth Camp.

Church: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_



**Applicant's Statement and Authorization for Release**

The Information contained in this application is correct and complete to the best of my knowledge. I agree to submit all necessary background checks as required by the State of Pennsylvania. I authorize any references whether or not listed in this application to provide any information (including opinions) that they may have in regards to my character. I hereby release all references from any and all liability from furnishing such evaluations. I also waive any right to inspect said references. I agree to be bound by the policies of Mt Deliverance Youth Camp, and to refrain from conduct unlike my Lord Jesus Christ in the performance of my services.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for applying for volunteer service at Mt Deliverance Youth Camp.

**Requirements:**

**Deadline for submission is June 1.**

**Applications** may be submitted by mail, or email to [camp@mtdeliverance.org](mailto:camp@mtdeliverance.org) (please note: emailing is not considered secure)

**All applications for service must be approved by their Pastor and Mt Deliverance Youth Camp.**

Confirmations:

1. If you have served at Mt Deliverance Youth Camp previously, consider your application pre-approved. If we have questions we will contact you. Simply submit your forms.
2. If this is your first year serving, you will receive a confirmation to attend and serve after your submitted forms are reviewed. Attendance will not be permitted without approval.

**Age Requirements:**

Camp counselors must be a minimum age of 18.

**Checkout** is Thursday after the evening service. If you're a long distance traveler checkout must be completed by 8:00am Friday.