

STAFF APPLICATION FORM

MOUNT AETNA SUMMER CAMP 10375 Retreat Way | Hagerstown, MD 21742 301-824-2729 | summercamp@ccosda.org



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L	would	like to	annly	for the	position	of
I.	w0010		uppiy		position	UI.

Summer's Camp FLAG Camp for next year's:

Fill in your information below.

Last			First		Middle Initial
Address					
City			Sta	te	Zip
DOB	Sex	Age		Cell Phone	
Email Address			Name of Parent or G	Guardian	T-Shirt Size

Please tell us what you can bring to the summer ministry:

Times Available for Zoom Interview:

Mon Tues Wed Thurs Fri

Time of Day _____

Signature

Please fill in the information on the back of this form.

Date

Emergency Contact

Last	First	Middle Initial
Home / Work Phone	Cell Phone	
Email		

School or Employer Information

School / Employer		Dates
Phone	Position	
Email		

Church and Pastor Information

Church Name	Pastor		
Address			
	•		
City	State	Zip	
Phone	Email Address		

Referred by:

Name

Use the included "Recommendation Form" to gather <u>three</u> recommendations.



RECOMMENDATION FORM

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I would like	to recommen	d		
for the posi	tion of			_for next year's:
🗌 Summer'	s Camp 🗌 FLA	AG Camp		
I am the ap	plicant's:			
Pastor	🗌 Teacher	Work Supervisor	🗌 Friend (check c	one or more)

Fill in your information below.

Last	First	Middle Initial
Phone	Email Address	

Fill in applicant's information below.

Last	First	Middle Initial
Phone	Email Address	

Please give any further information which you feel would be helpful to the directors in appraising this applicant: