



# SLUMBER FALLS CAMP & RETREAT CENTER

3610 River Road • New Braunfels, TX 78132

Office 830-625-2212

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Email office@slumberfalls.org

Web Site www.slumberfalls.org

## APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_  
Home Cell

EMAIL \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ DRIVERS LICENSE NO. \_\_\_\_\_

CHURCH MEMBERSHIP (IF APPLICABLE) \_\_\_\_\_

THE POSITION FOR WHICH YOU ARE APPLYING \_\_\_\_\_

EDUCATION:			
School	Years	Graduation Date	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: if more space is needed for any of your answers/comments, please attach an additional sheet of paper.

### PAST WORK EXPERIENCE (List last 3 employers)

EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_

LIST ANY SKILLS WHICH MAY BE HELPFUL IN PERFORMING YOUR WORK.

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LIST ANY SPECIAL CERTIFICATIONS YOU HOLD. \_\_\_\_\_

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REFERENCES: List 3, **must have phone number**. Do not include relatives;

NAME	ADDRESS	PHONE
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ARE THERE ANY HEALTH PROBLEMS, WHICH MAY NEED TO BE CONSIDERED IN YOUR EMPLOYMENT?

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Have you ever been convicted of or plead guilty or no contest to a felony or offense involving, but not limited to, theft, rape, murder, embezzlement, child abuse, or indecency with a minor?

Yes       No .      If yes, please state where, when, and the nature of the offense.

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I hereby certify that the above information is to the best of my knowledge, true, accurate, and complete. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application or termination of employment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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### Slumber Falls Camp Policy

Slumber Falls Camp and Retreat Center seeks to be a place of grace close to the heart of the church:

- Developing outdoor ministry for youth, adults and families
- Engaging individuals in spiritual renewal and leadership training
- Building a vision of the wider church by enhancing relationships in communities
- Maintaining the spiritual and physical environment
- Creating a place of inclusiveness for Christian community

as a ministry of the South Central Conference of the United Church of Christ.

In an effort to live out our mission, the following policies have been established, and will be administered by the Director of Outdoor Education according to guidelines established by the Camp Council and the South Central Conference Board of Directors. Guidelines are located in the Policy Manual in the camp office. Any questions should be directed to the Director of Outdoor Education.

**Hazardous Materials**

Fireworks, explosives, and flammable or other hazardous materials are prohibited.

**Weapons**

Firearms, ammunition or weapons of any sort are prohibited.

**Drugs**

Illegal and illicit drugs are prohibited.

**Alcohol**

Possession or consumption of alcohol during any Slumber Falls Camp sponsored event is prohibited.

**Smoking**

Smoking is not permitted inside any facilities.

**Pets**

Pets are not permitted in any facility. If pets are brought, they must be on a leash at ALL times. Kennels are available in New Braunfels at nominal daily and weekly rates.

**For the safety and integrity of those who use this camp, anyone involved in behavior deemed detrimental to Slumber Falls Camp and Retreat Center will be asked to leave.**

Further information and guidelines are located in the manual on Policies and Procedures, located in the camp office. Any questions should be directed to the Camp Staff.

**With my signature, I signify I will accept this policy and its consequences, and will obey this Slumber Falls policy.**

\_\_\_\_\_ **Print Name**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Date**