

# Returning Staff Application



Push The Rock ■ PO Box 95 ■ Emmaus, PA 18049  
610-967-6861 (Office) ■ 610-967-5140 (Fax)

If you have any questions about the application or camps in general at Push The Rock, please email us at [camps@pushtherock.org](mailto:camps@pushtherock.org)

## **Our Vision:**

**To be a global leader in sports ministry,  
impacting the world for Jesus Christ ... *one life at a time!***

## **Our Mission:**

**At Push The Rock we create, develop, teach and implement  
adaptable, culturally relevant sports ministry concepts through  
an active portrayal of Christian values...*in an atmosphere where  
the message of Christ and excellence in athletics meet.***

**[www.pushtherock.org](http://www.pushtherock.org)**

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**PERSONAL INFORMATION**Name \_\_\_\_\_  
Last First Middle Initial

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

College Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(If applicable)

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  M  FMarital Status:  Single  Married  Separated  Divorced

Will you need housing? Yes No (please circle one)

Will you be bringing a vehicle? Yes No (please circle one)

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**HEALTH**

Do you have any health conditions that require special attention? Yes No (please circle one)

If Yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Insurance Company \_\_\_\_\_

Primary Holder \_\_\_\_\_ Policy # \_\_\_\_\_

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*In submitting my application I agree to abide by all rules, guidelines for conduct and security, and decisions made by Push The Rock for the duration of my employment.*

**AGREEMENT**

Please sign and date this application, stating that the information given is both true and correct.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date**PARENTAL/LEGAL GUARDIAN AGREEMENT (if under 18)**

Please sign and date this application, stating that the information given is both true and correct and that your child has permission to work for Push The Rock.

\_\_\_\_\_  
Signature of Parent/Legal Guardian\_\_\_\_\_  
Date

**For Summer Employment-Please return this application along with your camp selection form.**