



## KIDS' CAMP STAFF APPLICATION

(NOTE: We are looking for Christian, church-attending volunteers.)

### 3 part application:

- Application
- Pastor's Recommendation
- Vulnerable Sector Check (18+)

**A Vulnerable Sector Check (within the last 12 months) must be submitted for volunteers 18 and older. You will need to take a letter to your Police Station to request a check be done. It is usually free for volunteers. Please advise Anya Bysterveld that you need a letter, thank you.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ [ ] M [ ] F

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone # (s) \_\_\_\_\_

Email: \_\_\_\_\_

Position Applying for: **Rank 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choices**

- |   |                                       |                                      |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Coach (counselor)    | <input type="checkbox"/> Cook         | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> Jr. Coach (under 16) | <input type="checkbox"/> Kitchen help |                                      |
| <input type="checkbox"/> Crafts/Survival      | <input type="checkbox"/> Tuck         |                                      |
| <input type="checkbox"/> Sports/Large Group   | <input type="checkbox"/> Canoeing     |                                      |
| <input type="checkbox"/> Mystery Activity     | <input type="checkbox"/> Archery      |                                      |
| <input type="checkbox"/> Theme night          | <input type="checkbox"/> Cleaner      |                                      |
| <input type="checkbox"/> Missions event       | <input type="checkbox"/> Night watch  |                                      |

Nurse: RN _____ RNA _____ Cert. #: _____ Insurance: Yes _____ No _____
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1. I am presently involved in ministry to children/youth as follows:

\_\_\_\_\_

2. Previous Camp Experience:

\_\_\_\_\_

3. I want to be a volunteer at Silver Birches Kids' Camp because

\_\_\_\_\_

4. Name of church I regularly attend \_\_\_\_\_

5. I have been a Christian for \_\_\_\_\_ years.

6. I live a lifestyle that is an appropriate model for children

[ ] Almost Always [ ] Half and half [ ] Rarely

7. I am aware of and I will attend the **staff orientation meeting at 10:30 am on Monday.**

Yes  No (Explain) \_\_\_\_\_

If arriving on Sunday night, Anya must be advised ahead, and you will pay \$12/head for any children other than your own. # of adults \_\_\_\_\_, # of campers \_\_\_\_\_

8. I have physical limitations  No  Yes

(Explain) \_\_\_\_\_

Please provide 2 references not related to you, and not your pastor.

a) Name \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

b) Name \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Release of Information and Declaration of Intent

I hereby give Silver Birches Camp staff permission to contact my references. I understand that SBKC is responsible for the welfare of persons in my care and will prepare myself accordingly. I will co-operate with the planned program, as laid out. It is my whole-hearted desire to serve the children of the camp to the best of my ability. I will provide a Vulnerable Sector Check (18+).

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

Now, give the 3 pages of the application to your pastor with *a cup of coffee*.

NOTE: Volunteers can register **their own camp-aged children** at \$50 off the regular rate.

PASTOR'S RECOMMENDATION

Applicant's Name: \_\_\_\_\_

Dear Pastor,

The applicant has applied to volunteer at Silver Birches Kids' Camp. Please complete this page (3) and mail or scan all three (3) pages to:

Anya Bysterveld silverbircheskidscamp@gmail.com
Box 574
Iroquois Falls, ON
P0K 1E0

- 1. How long have you known the applicant?
2. How long has the applicant attended the church?
3. To my knowledge, he/she is born again? Yes No
4. To my knowledge, he/she is filled with the Spirit? Yes No
5. He/she is presently involved in ministry to the children in the following ways:

6. Can you verify the information written on pages 1-2? Yes No

7. The applicant submits to authority
Readily Usually Reluctantly With difficulty Not Sure

8. The applicant works with supervision
Readily Usually Reluctantly With difficulty Not Sure

9. The applicant is ready to counsel and pray with others
Readily Usually Reluctantly With difficulty Not Sure

10. a) Is there any reason why this applicant might not be able to minister effectively as a Kids' Camp Volunteer?

b) Would you want this person to be your child's coach?

Pastor's Name: \_\_\_\_\_ Church: \_\_\_\_\_

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

Email: \_\_\_\_\_

Thank you for taking the time to complete and send this form.