

# GOOD SPIRIT BIBLE CAMP STAFF APPLICATION



## To respect your privacy:

All information collected in this application is for identification, processing, obtaining medical information in case of an injury or illness, and spiritual discipleship. Information will only be shared with the following: (1) Camp staff as required (2) Medical personnel in the case of injury or illness (3) Government organizations as may be required by law. (4) Churches that our camp is owned by. We will protect your information by ensuring that proper safeguards are in place. By signing I authorize the collection and specified uses of this information. If you have questions or concerns regarding our policies, please contact the camp director.

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

Position(s) Applying For: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone/cell Number: \_\_\_\_\_

Preferred Contact Option:  Email  Text  Call

**Dates Available** (current camp dates can be viewed [online](#), or contact the camp office)

Check the camps you are willing to work for:

May/June (Support Staff Only)

Family 1  Family 2  Family 3  Scamper  Junior 1  Junior 2

Tween 1  Tween 2  Young Teen  Senior High  College & Career

Please list any dates you will not be available:

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\*All summer staff are required to attend Staff Training.

Do you have any physical or mental limitations or disabilities that in any way restricts normal activities (including land and water sports)?  Yes  No If yes, please explain.

Do you have allergies of any type?  Yes  No If yes, please explain.

Are you on a special diet?  Yes  No If yes, please explain.

## Emergency Contact Information

Contact Person (parent if under 18)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I declare that this health information is accurate to the best of my knowledge. I hereby give permission to the camp first aid person to provide me with medical treatment in case of an emergency.

\_\_\_\_\_  
Signature (parent if under 18)

\_\_\_\_\_  
Date

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**Education**

	School Name	Years Attended	Year Graduated	Degree
High School				
Post-Secondary				

**Work History**

Type of Job	Employer	Dates Employed	Reasons for Leaving

**Skills and Experience**

Please indicate your level of proficiency in the following areas:

	Not Comfortable Helping	Could Help	Could Lead	Certified to Lead
Climbing Wall/Ropes Course.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BMX Biking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canoeing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking/Outdoor Survival.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archery.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet Guns.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horsemanship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama/Dance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watersports.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crafts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music/Singing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintball.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote Control Cars.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Qualifications**

Pleasure Craft Operator Card (Certified Boat Driver)

*Lifeguard*  
 Bronze Cross:  Yes  No      NLS:  Yes  No

*First Aid*  
 First Aid Training:  Yes  No      If yes, from who? (Red Cross, St. John's Ambulance, etc.)  
 What level?

CPR Training:  Yes  No      If yes, from who?  
 What level?      Expiry Date:

\* Please include copies of all certification with your application

# GOOD SPIRIT BIBLE CAMP

## STAFF APPLICATION

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### Personal Questions (Please use a separate sheet of paper if necessary)

When did you become a Christian? \_\_\_\_\_

Have you been baptized?  Yes  No If yes, when? \_\_\_\_\_

What church do you attend? \_\_\_\_\_ How regularly? \_\_\_\_\_

How have you been involved in the church, school or community in the past 3 years?

Describe your salvation experience briefly.

Describe your current devotion and prayer life.

Why do you want to work at camp?

What are some of your strengths and talents?

What areas do you feel you need further growth in?

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## References

Please provide the names, full mailing addresses and phone numbers for 3 references. They must be 18 years or older, have known you a minimum of 2 years and cannot be a relative. One reference must be a Christian worker (pastor, youth leader, small group leader, etc.)

\* Please inform your references that you have used their name.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

## Agreement

I declare that the information provided on this form and on any attachments is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Checklist

**\*Failure to have all items in before first official workday will result in suspension of pay until completed\***

Below is a checklist of items that need to be submitted for this application to be processed. Please keep in mind **that the deadline for all spring support staff applications is the last Monday in April, for all summer positions the deadline is the second week of June.**

- \_\_\_ Criminal Record Check (Only required for ages 18+, please keep your receipt so the camp can reimburse)
- \_\_\_ References Information Included (Top of this Page)
- \_\_\_ Copies of any Certification
- \_\_\_ Signed Health Release and Agreement Statements (Page 1)