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CAMP CALEDONIA Diocese of Caledonia SUMMER STAFF APPLICATION www.campcaledonia.ca Email: campcaledonia@gmail.com

Please complete pages 1 - 3 and submit by post or email (PDF format only, please)

APPLICANT INFORMATION (PLEASE LIST ALL DATES AS MM/DD/YY)

Last name	First	Birth date	
Mailing Address			
City	Province	Postal Code	-
Phone	E-mail address		
Have you ever worked for Camp Caledonia? If YES, what position(s) and year(s)?			
EDUCATION - Indicate the highest level of	f Education you have achieved	l.(June 2022)	
	OP paid and volunteer (C	Virele all that you are interested in)	

<u>JOB(S) INTERESTED IN APPLYING FOR</u> - paid and volunteer (Circle all that you are interested in)

Assistant Cook	Kitchen Helper		Medical Attendant/Camp Nurse	Craft Leader
Counsellor	Cabin Leader	CIT Leader	Maintenance/Custodian	

Please detail experiences and qualifications relevant to work at Camp Caledonia. Examples: First Aid Qualifications, NLS, Food Safe, Canoeing and/or Archery Qualifications, Trade ticket, Leadership Training, specific college/university courses/training, coaching, etc. (Use additional paper if necessary.) Please scan/photocopy documentation of your certifications and attach them to your application.

Experience/Qualification	Description	Expiry Date (if applicable)

REFERENCES

Please provide contact information for four (4) people who know you well, are over 21 years old, are <u>not</u> related to you and would be prepared to be a reference for you. Past Camp Caledonia staff are <u>not</u> considered suitable references. Please give one **Staff Reference form** (page 4 and 5) to two of the references you listed below. Instruct these references to complete and send the form to the Summer Administrator as noted at the top of that page.

1. Name:	Phone
Relationship / Position?	How long have they known you?
2. Name:	Phone
Relationship / Position?	How long have they known you?

3. Name:	Phone
Relationship / Position?	How long have they known you?
4. Name:	Phone
Relationship / Position?	How long have they known you?

By signing below, I am indicating all information that I have given on the previous page is accurate. I am free of any pending criminal charges or convictions precluding me from working with children. I also understand the Board of Camp Caledonia requires a Criminal Record Search and that, when requested, I will make arrangements for the CR Search to be completed and this must be submitted to the Summer Administrator by June 1, 2022. I give permission to Camp Caledonia to run a Back Check on my criminal record or agree to submit one if and when asked.

Signature

Date _____

ACTIVITY EXPERIENCE

	r experience level for the following activities rience 3= Some Experience 4= Lots of Ex	
Sports 1 2 3 4 5	Music (Guitar) 1 2 3 4 5	Canoeing 1 2 3 4 5
Outdoor Games 1 2 3 4 5	Music (Singing) 1 2 3 4 5	Swimming 1 2 3 4 5
Arts and Crafts 1 2 3 4 5	Music (other instruments) 1 2 3 4 5	Archery 1 2 3 4 5
Drama Games 1 2 3 4 5	Planning Worship 1 2 3 4 5	
What experience have you had we	orking with children?	
What work (volunteer and / or paid	d) have you done in recent years?	
Name of Home Church		
Pastor's Name		
Church Attendance:Weekl	y MonthlyOccasionally _	SeldomNever
What other Church and/or Christia	an groups/activities you are currently involved	d in?

IN YOUR OWN WORDS

1. What does being a Christian mean to you? How do you live your faith throughout the year?

2. What is one challenge you anticipate encountering at Camp Caledonia and how will you handle it?

3. Sell yourself! What makes YOU the ideal candidate for work at Camp Caledonia this year?

CAMP CALEDONIA STAFF REFERENCE FORM

Please complete in full and return by email to campcaledonia@gmail.com

Thank you for taking the time to help us assess this person's qualifications. The individual who passed this form on to you has applied to work at Camp Caledonia this summer. Please feel free to include any additional remarks that would aid us in better understanding this individual. Thank you!

Name of Applicant:

How long have	you know this perso	on?	In what capacity	ty?

How would you assess the applicant?

Area	Excellent	Good	Fair	Needs Improvement	N/A	Comments
Reliability						
Social Skills						
Initiative						
Judgement						
Work Ethic						
Emotional stability						
Reaction to criticism						
Attitude						
Consideration of Others						
Ability to work independently						

If you are able to address this, and are comfortable doing so, please tell us about the applicant's ability to communicate regarding his/her Christian faith:

Do you feel the applicant has leadership ability and/or potential?

Please give any other specific comments or concerns about the applicant.

Overall recommendation (circle one):

Highly recommend	Recommend	Recommend with reservations	Do Not Recommend
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Name:	Phone Number:
Signature:	Date:

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Signature:	Date: