

RIVERSIDE BIBLE CAMP

Volunteer Staff Application 2011

Please have your application to us by June 15th, 2011.

Please attach a recent picture of yourself, Thank you!

Please include a Police check. This is required for all volunteers and workers.

This may be obtained at your local RCMP.

Please print clearly.

NAME: _____ Birth Date: _____

Age: _____ Male ____ Female ____ (please check one)

Health Care# _____ AB ____ other _____

Permanent Address _____

City _____ Province _____ Postal Code _____

Alternate address _____

E-mail address _____

Phone # _____

Marital status: ____ single ____ married ____ engaged ____ other (please check one)

POSITION APPLYING FOR:

<input type="checkbox"/> Senior Cabin Leader	<input type="checkbox"/> Nurse
<input type="checkbox"/> Junior Cabin Leader	<input type="checkbox"/> Crew Leader
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Crew Worker
<input type="checkbox"/> Cook (food handlers cert)	<input type="checkbox"/> Crafts

For which week?

<input type="checkbox"/> #1-16-18 Senior Camp	July 3 to 10
<input type="checkbox"/> #2-8-10 Children's Camp	July 17 to 22
<input type="checkbox"/> #3-13-15 Camp	July 24 to 30
<input type="checkbox"/> #4-10-11 Camp	July 31 to Aug 5
<input type="checkbox"/> #5-Squirts Camp	Aug 9 to 11
<input type="checkbox"/> #6-11-12 Camp	Aug 14 to 19
<input type="checkbox"/> #7-College & Careers	Aug 19 to 21

Medical History

Do you suffer any medical/emotional condition that would in any way restrict normal activities including land and water sports? ____yes ____no

If yes, please explain. _____

Do you have any allergies? ____ yes ____ no (if yes please explain)_____

Are there any medications that may not be administered to you?_____

Are you on a special diet? ____yes ____no (please explain) _____

Emergency Contact

Next of Kin/Parents/Family _____

Address _____

Phone Number _____

My health information is accurate to my knowledge and I give permission to the Doctor/Nurse selected by the camp to provide me with medical treatment in case of emergency.

Date: _____Signature _____(Parent if under 18)

Personal Information: (Please use a separate sheet to answer)

Why are you applying for this position?

Please answer the following

1. Briefly describe your salvation experience, i.e. How you became a Christian? When? (Support with Scripture).
2. How would you lead someone to Christ? (Use Scripture)
3. Describe your current relationship with Christ.
4. Describe your current devotional and prayer life.
5. What is God currently teaching you?
6. What are your strengths and talents? (Don't be modest)
7. In what areas do you feel you need further growth?
8. List your hobbies and interests.

Camping Skills and Experience

State briefly your experience as a camper.

State briefly your experience as a camp staff member.

Activities

What church do you attend? _____

What are your church and/or school involvements in the past 3 years?

Name of Pastor/Youth Pastor and Phone Numbers _____

Skills:

Do you play an instrument? _____

Are you interested in leading any of these skills?

_____ Archery ___ Riflery
_____ Canoeing ___ Crafts
_____ Drama ___ Games

Do you have First Aid Training? ___ yes ___ no

What level? _____

REFERENCES:

You will need to provide each reference person with a reference form and a self addressed, stamped envelope.

Please provide the names and addresses of your Pastor/Youth Pastor and 2 adults over the age of 25 years of age, who are not your relatives.

Name _____ Relationship _____

Address _____

Phone # _____

Name _____ Relationship _____

Address _____

Phone # _____

Name _____ Relationship _____

Address _____

Phone # _____

RIVERSIDE BIBLE CAMP

VOLUNTEER REFERENCE FORM

Character Reference/Recommendation (Confidentiality Waiver...to be completed by applicant)

I authorize the release of the disclosed information by the person completing this Character Reference/Recommendation for the consideration of the applicant. I waive any right or privilege to inspect or challenge the contents of this reference. I understand that the information will be held in confidence by Riverside Gospel Fellowship and will not be released to anyone (other than the directors and/or board members), without the permission of the person giving such character reference, or in the absence of a Court Order, Subpoena or laws requiring the disclosure of such information.

Printed Applicants Name _____

Signature of Applicant _____ Date _____

Signature of Parent/Guardian (if under 18) _____

PASTOR/YOUTH LEADER

TEACHER/NON-RELATED ADULT REFERENCE

Referrer's Name (please print) _____

Contact phone number _____

Relationship to the Applicant _____

Dear Referrer:

Riverside Gospel Fellowship hosts up to 80+ campers for 6 days at a time, for 6 weeks. The 24 hour/day responsibility of living and working with, as well as teaching the young lives is not easy. Staff must be dedicated, energetic, wise, compassionate and morally pure. Please answer the following questions honestly, so that we can make an accurate assessment. All information will be held confidential.

What are the applicant's Christian Characteristics? _____

How would you describe the applicant's personality? _____

How is the applicant's Spiritual life/Commitment?

Does the applicant go to church regularly, irregularly or every so often? Is the applicant involved in the church? If so, How? _____

Talents and/or special abilities: _____

Do you know what the applicant's work habits are like? Please describe. _____

How would you rate the applicant in the following?

Excellent, Good, Average, Needs Improvement (Include comment if necessary.)

1. Leadership _____

2. Motivation _____

3. Communication Skills _____

4. Self-discipline /Independence _____

5. Creativity _____

6. Self Confidence _____

7. Warmth of personality _____

8. Concern for others _____

9. Reaction to setbacks _____

10. Respect for classmates/ fellow workers _____

11. Respect for elders/authority _____

12. Judgement _____

List any other pertinent information we should know about the applicant such as: alcohol, tobacco, non-medicinal drugs, gambling, dishonesty, occult activity, inappropriate movies/videos/language and/or sexual immorality.

I recommend this applicant: ___ with reluctance ___ willingly ___ with enthusiasm

Signature: _____ Date: _____

Please mail the completed Reference form to:

Jim and Annabelle Screpnek
Box 6, Nampa, Alberta
T0H 2R0