

# VIA WILDERNESS CAMP STAFF APPLICATION FORM



KIDS OFTEN SAY THAT CAMP WAS THE BEST WEEK OF THEIR LIFE, AND THAT IS LARGELY THANKS TO THE WONDERFUL LEADERS THAT THEY GET TO HANGOUT WITH DURING THE WEEK. CAMP DRAWS IN MANY COMMUNITY FAMILIES AND GIVES US AN OPPORTUNITY TO BUILD RELATIONSHIPS WITH THEM AS WELL!

## GENERAL INFORMATION

NAME \_\_\_\_\_ HOME CHURCH \_\_\_\_\_  
PHONE \_\_\_\_\_ PARENT/GUARDIAN (IF UNDER 18) \_\_\_\_\_  
EMAIL \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ AGE (AS OF SEPTEMBER 1) \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_  
CITY \_\_\_\_\_ DO YOU HAVE CURRENT FIRST AID TRAINING? Y \_\_\_ N \_\_\_  
PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ T-SHIRT SIZE (S-XXXL) \_\_\_\_\_

## HEALTH DETAILS

HEALTH CARE # \_\_\_\_\_  
EMERGENCY CONTACT \_\_\_\_\_ PHONE FOR EMERGENCY CONTACT \_\_\_\_\_  
FAMILY DR \_\_\_\_\_ PHONE FOR FAMILY DR \_\_\_\_\_  
ALLERGIES/TREATMENT \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

DISABILITIES/TREATMENTS \_\_\_\_\_

ANY OTHER MEDICAL CONCERNS OR HEALTH PROBLEMS? IF YES, EXPLAIN \_\_\_\_\_

CAN WE DISPENSE TYLENOL, ADVIL, ALLERGY MEDICATION, COUGH SYRUP OR THROAT LOZENGES TO YOU IF NECESSARY? Y \_\_\_ N \_\_\_

## PERSONAL INFORMATION

HIGHEST LEVEL OF EDUCATION COMPLETED (IF NOT COMPLETED HIGH SCHOOL, WHAT GRADE YOU ARE ENTERING IN SEPTEMBER)

LIST ANY PREVIOUS MINISTRY/CAMP EXPERIENCE \_\_\_\_\_

LIST ANY SKILLS/ABILITIES THAT COULD BE USEFUL IN HELPING AT CAMP \_\_\_\_\_

DESCRIBE YOUR STRENGTHS \_\_\_\_\_  
\_\_\_\_\_

DESCRIBE YOUR WEAKNESSES \_\_\_\_\_  
\_\_\_\_\_

**CHRISTIAN LIFE** (ANSWER ON A SEPARATE PIECE OF PAPER. PLEASE INCLUDE THE QUESTION)

1. WHO IS JESUS CHRIST TO YOU? DESCRIBE YOUR RELATIONSHIP WITH HIM AS IT STANDS TODAY.
2. GIVE A BRIEF TESTIMONY OF HOW JESUS IS ACTIVELY WORKING IN YOUR LIFE TODAY.

**REFERENCES**

PASTORAL REFERENCE \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
(NON-FAMILY MEMBER)

**CAMPS/CAMP ROLES**

CHECK ANY/ALL CAMPS THAT YOU ARE INTERESTED IN HELPING WITH

(IF YOU ARE UNABLE TO SERVE FOR AN ENTIRE CAMP, WE WOULD STILL LOVE TO USE YOU IN A SUPPORT STAFF ROLE)

- \_\_\_ ELEMENTARY CAMP (GRADES 3-6) - JULY 10-15
- \_\_\_ YOUTH CAMP (GRADES 6-9) - JULY 17-22
- \_\_\_ YOUNG ADULT CAMP (GRADE 10+, AGES 15-24) - JULY 22-24
- \_\_\_ FAMILY CAMP - SEPTEMBER 2-4

CHECK ANY/ALL THE ROLES THAT ARE OF INTEREST TO YOU (IF YOU HAVE ANY Q'S ABOUT A ROLE, PLEASE ASK JAMES SCHALK)

- |                         |                      |                     |
|-------------------------|----------------------|---------------------|
| ___ HEAD COOK           | ___ WORSHIP TEAM     | ___ BUS DRIVER      |
| ___ ASSISTANT COOK      | ___ CABIN LEADER     | ___ MULTI-MEDIA     |
| ___ DISH PIT/PATIO      | ___ PROGRAM DIRECTOR | ___ ANYWHERE NEEDED |
| ___ NURSE               | ___ CHILD CARE       |                     |
| ___ WORSHIP COORDINATOR | ___ SUPPORT STAFF    |                     |

\*\*\* ALL STAFF MUST ATTEND THE STAFF ORIENTATION MEETING THAT TAKES PLACE AT CAMP THE NIGHT BEFORE CAMP STARTS \*\*\*

PLAN TO MEET AT VIA LETHBRIDGE CHURCH AT 1 PM SHARP TO BE BUSSED TO CAMP

THE ABOVE INFORMATION IS ACCURATE & TRUTHFUL TO THE BEST OF MY KNOWLEDGE & I GIVE MY CONSENT TO ONSITE CARE IF NEEDED

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PARENT NAME (IF APPLICANT IS UNDER 18) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT (IF APPLICANT IS UNDER 18) \_\_\_\_\_

**PLEASE HAND IN COMPLETED APPLICATIONS WITH YOUR SIGNED  
STAFF AGREEMENT FORM BY JUNE 15, 2016**