

# Adventure Day Camp Youth Leader Application | 2024

Thank you for your interest in being a youth leader! Application for ADC youth leadership is a competitive process. We have a limited number of leaders we can accept. Please fill out this form completely. We are looking for intentional leaders who want to grow in their faith and in their leadership skills. All applicants will be contacted for a short and informal conversation with the Day Camp Coordinators over ZOOM. Questions asked in the conversation will all be pulled from this application form. The intent of the conversation is to provide an opportunity to get to know each applicant, answer questions and get a feel for how they may be best suited to leadership with ADC. If you have any questions, please contact [Ashley @tbcsherwoodpark.ca](mailto:Ashley@tbcsherwoodpark.ca) Thank you!

**Please have all applications submitted no later than June 16<sup>th</sup>, 2024 to**  
**[Camp@tbcsherwoodpark.ca](mailto:Camp@tbcsherwoodpark.ca) and CC [Ashley@tbcsherwoodpark.ca](mailto:Ashley@tbcsherwoodpark.ca)**

## Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Primary phone # \_\_\_\_\_ Secondary phone # \_\_\_\_\_

Please indicate if these numbers are your personal number or if they are the contact of your parent. If these are personal contact numbers please provide parent email and phone numbers below:

Parent email:

Parent phone:

## Emergency Contact Info

Emergency Contact: \_\_\_\_\_ Relationship to this person: \_\_\_\_\_.

Primary phone # \_\_\_\_\_ Secondary phone # \_\_\_\_\_

## Other information

**What is your t-shirt preference? Small Medium Large? (circle one.)**

Have you had any babysitter first aid training or other first aid/ safety training? \_\_\_\_\_

Please list any allergies or food allergies that you have: \_\_\_\_\_

Do you have any physical limitations that we should know about? Y / N

If yes, please explain:

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## Previous Camp or Leadership Experience

Have you had any previous experience in leading at Adventure Day Camp? \_\_\_\_\_

Do you have experience in childcare settings? \_\_\_\_\_

Describe any leadership training you have received:

Describe any additional work experience you have:

Please list any skills or certifications you have that you feel will be beneficial to our camps:

## Leadership Opportunities

Which age group do you fit into?

Jr. High Leader (Gr.7, 8, or 9 in the Fall) \_\_\_\_\_ Sr. High Leader (Gr 10+ in the Fall) \_\_\_\_\_

Please check the camp(s) below that you would like to volunteer at:

Wk #1: July 8-12 \_\_\_\_\_ Wk #2: July 15-19, 2024 \_\_\_\_\_

## Tell us About Yourself

Why do you want to volunteer at Adventure Day Camp this year?

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Describe your strengths:

What does it mean to you to be a Christian?

What does it mean to you to be a leader?

## Parent Contact Information

Parent Contact \_\_\_\_\_ *Please Print*

Best phone number to be reached at: \_\_\_\_\_

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

Parent Contact \_\_\_\_\_ *Please Print*

Best phone number to be reached at: \_\_\_\_\_

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

Are you able to provide a (non-family member) reference? **Y / N**

Reference Name: \_\_\_\_\_ How I know this person: \_\_\_\_\_

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

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## Pick -Up/Drop Off times and expected hours of volunteering

Hours of expected volunteering are: 8:15-4:00 on Tues – Friday of the week of camp. Lateness or inability to show up for your expected volunteer shift has a negative impact on our ability to run camps and is strongly discouraged. Please communicate with Coordinators or Pastor Ashley if you have any issues or circumstances that arise that may affect your ability to be depended upon for your expected hours.

\*\*\*Also, parents must note: Youth leaders are needed at 8:15 to get ready for the day and doors do not open for camper drop off until 9:00. We cannot accommodate childcare for early drop-offs.

Youth Leaders are also needed for cleaning duties from 3:00-4:00 after campers have been picked up at 3:00. We cannot accommodate siblings for extra childcare during this time either.\*\*\*

## Understanding/Agreement

By submitting this application, I signify my understanding of the expectations and policies of Adventure Day Camp and that the information I have supplied in this application is correct:

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

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

## Administrative Use Only:

Application Received (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Application Complete: \_\_\_\_\_

Application Reviewed: \_\_\_\_\_ References Contacted: \_\_\_\_\_

Applicant Contacted: \_\_\_\_\_ Application Accepted: \_\_\_\_\_

Junior / Senior Application (Circle One)

Notes: