



Adventure Day Camp Volunteer Youth Leader Application | 2026

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 Microsoft Teams or Zoom. Questions asked in the conversation will all be pulled from this application form. The intent of the conversation is to provide a friendly 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 Thank you!

Please have all applications submitted no later than June 5th, 2026 to camp@tbcsherwoodpark.ca and cc: 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 7-10 _____ Wk #2: July 14-17 _____

Training days for each week will be July 6th and July 13th.

Tell us About Yourself

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

Describe your strengths:

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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: _____

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 our director, Pastor Ashley, if you have any issues or circumstances that arise that may affect your attendance for these expected hours.

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

Youth Leaders are also needed for cleaning duties from 3:00-4:00 after all other campers have been picked up at 3:00. We cannot accommodate for late pick-up of any siblings of leaders during this time.

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: