

Galilee Bible Camp Staff Application 2010

First Name: _____ Last Name: _____ T-Shirt Size (adult sizes): _____

Address: _____ City: _____ Prov. _____ Postal Code: _____

Phone (_____) _____ - _____ Birth Date: (MM/DD/YY) _____ / _____ / _____ Gender: Male Female

Social Insurance No. _____ Email Address _____

PLEASE NOTE: All staff applicants born in 1995 or 1996, if accepted to any position(s) this summer, will be required to attend a week of staff training starting on Monday, July 5, and concluding on Friday, July 9. Other older applicants may also be asked to attend this training week, at the discretion of the staffing committee.

Camp session(s) applied for: _____ Leadership Camp Preferred area(s) of service: _____ counselling
_____ Boys Camp _____ waterfront*
_____ Girls Camp _____ kitchen
_____ Day Camp 1 _____ housekeeping
_____ Family Camp 1 _____ maintenance
_____ Family Camp 2 _____ nursing*
_____ Youth Camp Other (please specify): _____
_____ Day Camp 2

* Please **include a copy** of current waterfront and/or nursing qualifications with your application.

Note: While individual preferences will be considered in staffing each session, some applicants may be asked to serve in areas other than those that would be their first preference.

If you have applied for more than one session, please explain which area(s) of service, in each session, you wish to be considered for:

Please identify any experience and/or qualifications that you have, that may be an asset to the camp program in any of the following areas:

Swimming/Waterfront: _____ Music Program: Piano _____ Guitar _____ Other _____

First Aid / C.P.R.: _____ Boys/Girls Camp Elective Program: _____

Please answer each of the following questions in the space provided. If more space is required, feel free to write on a separate page, and attach the page to your application.

When did you become a Christian? Briefly recount the details of your conversion.

How would you describe your relationship with Jesus Christ over the past year?

Have you worked previously in camp work, children's work, youth work or any other type of outreach activities (including Galilee Bible Camp)? If so, briefly outline your past experiences.

Explain why you wish to serve at Galilee Bible Camp this summer.

What is the name of the local church that you attend regularly? _____

Which of the following meetings do you **regularly** attend at this local church? Check all that apply.

Worship/Remembrance Meeting Prayer meeting Teaching or Gospel
 Children's program (e.g. Awana) Youth Group Other: _____

References & Police Check

1. The following statement **must** be signed by an elder (or other leader) at your local church.

I understand that _____ is applying to serve at Galilee Bible Camp, and I believe that he/she is spiritually qualified for service in the following position(s): _____

Furthermore, I have no other reason to think that he/she would be unable to serve at camp, nor am I aware of any disposition that would disqualify him/her from being a staff member at Galilee Bible Camp.

Name (please print): _____ Position in Church: _____

Signature: _____ Date: _____ Phone (_____) _____ - _____

2. If you are applying to serve in an area involving direct contact with campers (counselling, waterfront, or other teaching of campers), and **have never been on staff at Galilee Bible Camp before**, please have **two other individuals** (not relatives) write a letter of reference for you. At least one of the two references **must** know you in a context **outside of** your local church. In these letters, your references should explain how they know you, state how long they have known you, and comment on your suitability for work with children in the position(s) that you have applied for. The letters can be sent with your application or sent directly to the camp staffing committee.

Note: All staff members serving in an area involving direct contact with campers must also submit an original copy of a recent police check before the start of the camp session at which they are serving, unless they already have one on file with the camp that is **less than 3 years old**.

Do you consent: 1. To having your picture on the Galilee Bible Camp website? Yes No

2. To having your mailing & email address, and telephone number made available to campers and staff? Yes No

Signature of Applicant: _____ Date: _____

Send completed Staff Applications to the Camp Staffing Committee before May 7, 2010 (if at all possible)

STAFF HEALTH FORM

GALILEE BIBLE CAMP

This form should be sent in **as part of the staff application form**. If the applicant is a minor, it must be filled out and signed by a parent or guardian. This information is confidential and for the use of authorized medical personnel only.

Personal Information :

First Name: _____ Last Name: _____ Marital Status: Married Single

Address: _____ City: _____ Prov. _____ Postal Code: _____

Phone (_____) _____ - _____ Birth Date: (MM/DD/YY) _____/_____/_____ Gender: Male Female

Health Card #: _____ Code (if any) _____ Expiry Date (if any): _____/_____/_____

Emergency Information :

Emergency Contact: _____ Relationship to staff member: _____

Address of Contact: _____ City: _____ Prov. _____

Phone: Home (_____) _____ - _____ Work (_____) _____ - _____ Cell (_____) _____ - _____

Doctor's Name: _____ Doctor's Phone: (_____) _____ - _____

Health History

- Frequent Ear Infections
- Frequent Headaches
- Mononucleosis
- _____

Medical Conditions

- Heart Defect/Disease
- Arthritis/Joint Pain
- Seizure Disorder
- Diabetes Type 1
- Diabetes Type 2
- Bleeding/Clotting Disorder
- Hypertension
- Asthma
- _____

Allergies

- Insect Stings
- Penicillin
- _____

Immunizations

- Diphtheria _____
- MMR _____
- Influenza B _____
- Poliomyelitis _____
- Tetanus _____
- Hepatitis B _____
- Varicella _____

Date

List specific activities encouraged or limited by physician's advice: _____

Health-related suggestions or information for camp personnel: _____

Current medications: _____

Bring Medications in ORIGINAL container with instructions. All medications are stored and dispensed by the camp nurse.

To the best of my knowledge, the applicant is in good health, and physically and mentally able to participate in all camp activities except as identified above. I hereby authorize the camp nurse or camp director to secure such medical advice and services as may be deemed necessary for the health and safety of the applicant. In the event that I cannot be reached, I agree to accept financial responsibility in excess of the benefits allowed by the Provincial Health Plan. **I also agree to notify the camp if I or my child comes in contact with a communicable disease (such as fever, vomiting or diarrhoea) within 3 weeks of the planned date of arrival at camp.**

Signature of Applicant _____ Date: (MM/DD/YY) _____/_____/_____

Signature of Parent/Guardian _____ Date: (MM/DD/YY) _____/_____/_____

If applicant is less than 18 years old

Fold along dotted line

Place
Stamp
Here

**Camp Staffing Committee
Galilee Bible Camp
203 Camp Galilee Lane, RR #1
Haley Station, ON
K0J 1Y0**