onehope CANADA l'espoir du CANADA

SUMMER STAFF APPLICATION

Please fill out the following fields.

Position for which you are applying: _____

Ministry Point: _____

First Name: _____ Last Name: _____

Address: _____ Building/Unit (if applicable): _____

City/Town: _____ Province: _____ Postal Code: _____

Birth Date (m/d/y): _____ /_____ / _____ Email Address: _____

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

Primary Language: _____ Secondary Language: _____

Where did you hear about us? _____

FAITH JOURNEY

1) Briefly describe your salvation experience ie. How did you become a Christian? When?

_____

_____

_____

2) How would you explain the way of salvation and lead someone to Christ? Please include scripture:

_____

_____

_____

3) Describe your current relationship with the Lord:

_____

_____

_____

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/development?

_____

_____

_____

_____

8) List your hobbies and interests.

_____

_____

_____

_____

HISTORY

Do you have a criminal record? ☐ Yes ☐ No

If you answered "yes" to the above question, please specify:

_____

_____

_____

_____

_____

Please list all Schools, Colleges and/or Universities you have attended (include dates):

_____

_____

_____

_____

State briefly, your experience as a camper (mention specific camps please):

_____

_____

_____

_____

_____

EXPERIENCE A

Please circle the level of experience/certificate you have in the following. *(0=none, 1=low, 5= high)*

	VALUE	CERTIFICATE	
Archery	1 2 3 4 5	☐ Yes	☐ No
Camping Skills	1 2 3 4 5	☐ Yes	☐ No
Canoeing	1 2 3 4 5	☐ Yes	☐ No
Hand Crafts	1 2 3 4 5	☐ Yes	☐ No
Horsemanship	1 2 3 4 5	☐ Yes	☐ No
Lifeguard	1 2 3 4 5	☐ Yes	☐ No
Swimming Instruction	1 2 3 4 5	☐ Yes	☐ No
Outdoor Cooking	1 2 3 4 5	☐ Yes	☐ No
Drama	1 2 3 4 5	☐ Yes	☐ No
Climbing Wall	1 2 3 4 5	☐ Yes	☐ No
Recreation Leadership	1 2 3 4 5	☐ Yes	☐ No
Overnight	1 2 3 4 5	☐ Yes	☐ No
Campouts/Cookouts	1 2 3 4 5	☐ Yes	☐ No
Waterski/Wake Boarding	1 2 3 4 5	☐ Yes	☐ No
Basketball/Volleyball/Soccer	1 2 3 4 5	☐ Yes	☐ No
Mountain/BMX Biking	1 2 3 4 5	☐ Yes	☐ No
Rifelry/Pellet Guns	1 2 3 4 5	☐ Yes	☐ No
Golf	1 2 3 4 5	☐ Yes	☐ No
Skateboarding	1 2 3 4 5	☐ Yes	☐ No

List any certificates you have in reference to the above options:

_____

_____

EXPERIENCE B

Are you a certified boat driver? Do you have a "Pleasure Craft Operator Card"? ☐ Yes ☐ No

Do you have a Lifeguard Bronze Cross? ☐ Yes ☐ No

Do you have a Lifeguard NLS Certification? ☐ Yes ☐ No

Do you have Lifeguard WSI Certification? ☐ Yes ☐ No

Do you have First Aid Training? ☐ Yes ☐ No

If you do have First Aid training, please list where and the level (eg. Red Cross, St Johns Ambulance etc)

_____

_____

_____

Do you have CPR Training? ☐ Yes ☐ No

If you answered "yes" to CPR Training, from where and what level?

_____

What date does your CPR Certificate expire? _____

Do you hold a valid POL License? ☐ Yes ☐ No

Do you hold a valid PAL License? ☐ Yes ☐ No

Do you play an instrument? ☐ Yes ☐ No

If you do play an instrument, please list what instrument(s):

_____

Can you bring it to camp? ☐ Yes ☐ No

MEDICAL HISTORY

Health Care Number: _____

☐ Yes ☐ No Do you suffer from any physical or emotional condition?

If you answered yes, please explain the physical/emotional condition:

_____

_____

_____

☐ Yes ☐ No Have you been treated for any medical condition in the past twelve months?

If you answered yes, what medical condition were you treated for?

_____

_____

☐ Yes ☐ No Do you have any allergies? If you answered yes, please list your allergies:

_____

_____

☐ Yes ☐ No Do you have any dietary restrictions? If so, list them:

_____

_____

_____

Emergency Contact Name: _____

Emergency Contact Phone 1: ( ) _____ - _____ Emergency Contact Phone 2: ( ) _____ - _____