

## **Stoney Lake Bible Camp Junior Staff Application Form**

Send the completed form to: Stoney Lake Bible Camp Box 3717 Melfort, SK. S0E 1A0 306-873-4301

## Please include \$115 registration fee

First Name:		Last Na	ime:		
Gender (check one):	M F	Birthday:(M):	(D):	(Y):	
Highest Grade Comple	ted:	_ Name of High Scho	ool:		
* Applicants must be 1	6 years old o	or have completed gro			
Permanent Address:					
City:		Postal Cod	de: P	rovince:	_
Home Phone #:		Cell Phone	: #:		
Email Address:			_		
Alternate Address:					
City:		Postal Cod	de:P	rovince:	<u></u>
Home Phone #:		Cell Phone	e #:		
Dates Available: Start I	Date:	End Date	e:		
Work History:					
Current Employer:		En	nployers Pho	ne #:	
Position:		Dates Em	ployed:		
Previous Employer:		En	nployers Phoi	ne #:	
Position:					
Church Involvement:					
Church you attend: How regularly:		·			
Pastor's Name:					
Youth Pastor's Name:_					

What are your church, school or community involvements in the past 3-5 years?

## References:

Please provide the following informati Name:	-	• •
Address:		
City:	Postal Code:	Province:
Phone #:	Email Address:	
Name:		
Address:		
City:	Postal Code:	Province:
Phone #:	Email Address:	
Name:		
Address:		
City:	Postal Code:	Province:
Phone #:	Email Address:	
In submitting this application I declare I also herby agree to abide by the CSS Statement and I authorize CSSM Ministroller and Child Abuse registry files.  Have you ever been convicted of a crir If yes please explain:  Date: (M):(D):(Y):	M Code of Conduct policy stries access to information minal offense? (Please Cheese Ch	y. I agree with the CSSM Doctrinal on with repsect to my person from eck One)  Yes  No
	(Par	rent if applicant is uner 18 years old)
Lifeguard Certification:* Bronze Cross: Yes No NLS: Yes No WLS Certification: Yes No	First Aid Certification Do you have first aid If yes from who: What level:	
Pleasurecraft License: Yes	No	
	Do you have CPR train	ining: Yes No
	If yes from who:	-
*Please include copies of your certificatio	-	
	What level:	
	Expiry Date: (M):	(D):(Y):

Do you suffer any mental/emotional condition that in any way affects involvment in daily camp activities? (Please Check One)  Yes  No  If yes please explain:
Have you been treated by a Health professional for any medical condition in the last twelve months?(Please Check One) Yes No If yes please explain:
Do you have any allergies? (Please Check One)  Yes  No  If yes please explain:
Are you on a special diet? (Please Check One)  Yes  No  If yes please explain:
Date of last physical exam: (M):(D):(Y):
Emergency Contact:  Next of Kin (parent is applicant is under 18 years old):
I declare this health information to be accurate to my knowledge. I herby give permission to the doctor/nurse selected by the camp to provide me with medical treatment in case of emergency.
Date: (M):(D):(Y): Signature:(Parent if applicant is uner 18 years old)

	Short Answer Questions:  . Why are you applying for this position?
2	2. Briefly state your experience as a camper, please list the camps you attended.
3	8. Briefly State your experience as a camp staff member.
4	Briefly describe your salvation experience. How did you become a Christian? When?
5	5. How would you lead someone to Christ. Please include Scripture references.

6. Describe your current relationship with the Lord. Please include devotional and prayer life.
7. What is God currently teaching you?
8. What are your strengths and talents? Please include any musical ability.
9. In what areas do you feel you need further growth/development?
8. List your hobbies and interests.