

# Camp Wegese gum Inc.

# Staff/Volunteer Application Form



Position applied for: \_\_\_\_\_

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

Male \_\_\_ Female \_\_\_

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

Date of Birth \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Present Occupation \_\_\_\_\_

Home Church \_\_\_\_\_

If Student: School \_\_\_\_\_

Employer \_\_\_\_\_

Post Secondary \_\_\_\_\_

Grade completed \_\_\_\_\_

Year completed \_\_\_\_\_

Are you available for the whole Day Camp (August 17-21) ? \_\_\_ Yes \_\_\_ No

If not, when are you available? (Give dates including starting date)

## **Work Experience:**

Employer: \_\_\_\_\_

Number of years \_\_\_\_\_

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

Telephone \_\_\_\_\_

\_\_\_\_\_

Contact \_\_\_\_\_

\_\_\_\_\_

## **Camp Experience:**

Camps attended as a:

Camper: \_\_\_\_\_ Number of years \_\_\_\_\_

Staff: \_\_\_\_\_ Number of years \_\_\_\_\_

Position held \_\_\_\_\_

Please write a brief outline of experience, training, levels achieved, for the position being applied for, as well as a list of any other skills or hobbies which would be helpful to the camp:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bearing in mind that this is a Christian camp, as a prospective employee we would hope that you could make some significant contribution to the Christian emphasis within the camping program and to the campers.

## **References**

It is preferable that references have known you for at least two years and do not include relatives. These should include: Clergy, teachers, employers, co-workers etc...

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

Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

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



## Employee Information Form

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

SIN \_\_\_\_\_

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

Medicare number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Month                  Day                  Year

### NEXT OF KIN:

Name \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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

### MEDICATIONS:

\_\_\_\_\_  
\_\_\_\_\_

### ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_

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

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## Photo Release Permission Form

For use by those **16 years of age or older:**

I hereby give consent to Camp Wegesegum Inc. to photograph and/or record me through audio or video and to use this material in whole or in part through television, film, web page, multi-media, radio, presentation, audiotape, videotape, display or in printed form for the promotion of Camp Wegesegum. I transfer any and all rights, including copyright, which I may have in this material to Camp Wegesegum.

Printed Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_

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