



# Pleasant Bay Camp Staff Application Form 2008

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

Return all applications to: Directors at  
Pleasant Bay Camp  
23 Heathcliffe Square  
Brampton ON L6S 5P9

Phone: (905) 792-2019

Email: acabrals@yahoo.com

## Personal Data

Please Print Clearly

Name: \_\_\_\_\_  
Last First Middle

Mail Address: \_\_\_\_\_  
Street No. & Name Apt./Unit No. City Province Postal Code

Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Other (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Highest Grade of School Completed: \_\_\_\_\_ When: \_\_\_\_\_

Are you legally eligible to work in Canada? Yes  No

Do you have any health problems that would prevent you from performing the work applied for:

Yes  No  If "Yes", explain: \_\_\_\_\_

## Home Church Information

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

Church Address: \_\_\_\_\_  
Street No. & Name Apt./Unit No. City Province Postal Code

Name of Pastor: \_\_\_\_\_

Denomination: \_\_\_\_\_

### OFFICE USE ONLY:

References Received:  Pastor

Interview Date: \_\_\_\_\_

Employer/Teacher

Acceptance: \_\_\_\_\_

Security Form

Staff Manual: \_\_\_\_\_

Health Form

## Position Applied For

You may choose more than one. Counsellors are generally required to have taken the LIT or equivalent program or have appropriate experience.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> LIT – Leader In Training (Age 15+) | <input type="checkbox"/> LIT Director               | <input type="checkbox"/> Head Cook         |
| <input type="checkbox"/> Program Director                   | <input type="checkbox"/> Senior Counsellor (18 yrs) | <input type="checkbox"/> Kitchen Staff     |
| <input type="checkbox"/> Assistant Director/Tuck Shop       | <input type="checkbox"/> Junior Counsellor (16 yrs) | <input type="checkbox"/> Dining Room Staff |
| <input type="checkbox"/> Waterfront Director                | <input type="checkbox"/> Maintenance                | <input type="checkbox"/> Lifeguard         |

Other: \_\_\_\_\_

## Abilities and Qualifications

Some staff are required to teach skills. Please number the activities below in order of your preference and label them with letters (A-E) to indicate your skill level:

A. I have experience and qualifications

C. I have experience as a participant

B. I have taught this skill

D. I have little experience but want to try

Example: 1, B Volleyball (

- |                         |                                   |                         |                          |
|-------------------------|-----------------------------------|-------------------------|--------------------------|
| ____, ____ Volleyball   | ____, ____ Wakeboarding           | ____, ____ Canoeing     | ____, ____ Archery       |
| ____, ____ Water-Skiing | ____, ____ Windsurfing            | ____, ____ Trampoline   | ____, ____ Basketball    |
| ____, ____ Low Ropes    | ____, ____ Handcrafts             | ____, ____ Out-tripping | ____, ____ Wall Climbing |
| ____, ____ Kayaking     | ____, ____ Frisbee Golf           | ____, ____ Sailing      | ____, ____ Swimming      |
| ____, ____ Trail Biking | ____, ____ Other (Specify): _____ |                         |                          |

## First Aid/Red Cross

First Aid:  Yes  No

CPR:  Yes  No

Red Cross Swimming:

Yes  No

Level Achieved: \_\_\_\_\_

Level Achieved: \_\_\_\_\_

Level Achieved: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## Camping Experience

Have you had previous camping experience? If "Yes", Explain: \_\_\_\_\_

May we contact your previous camp director?  Yes  No

Director: \_\_\_\_\_ Camp: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Please describe any other training or experience you have that relates to the job.

## Autobiographical Sketch

Describe in a typed or neatly written essay the following:

- Who is Jesus Christ to you?
- Who is or has been the most influential person in your life? Why?
- Describe your Church involvement.
- Comment on your own personal strengths and weaknesses.
- Summarize why you desire to serve at Pleasant Bay Camp.

**YOUR APPLICATION CANNOT BE PROCESSED UNTIL WE RECEIVE ALL REFERENCES.**

I, the undersigned, authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without any previous notice.

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

Parent's Signature (If under 18): \_\_\_\_\_

# Staff Application Security Information 2008

There are a number of sensitive issues in our society that we need to be aware of as an organization that works with children. For this reason, all staff are required to answer the following questions:

1. Have you been convicted of a criminal offence for which you have not been pardoned?  
Yes                       No                       Decline to answer
2. Do you have a criminal record involving physical or sexual abuse of children?  
Yes                       No                       Decline to answer
3. Have you ever been investigated by any Children's Aid society regarding child abuse?  
Yes                       No                       Decline to answer

Please go to your local Police Department and request a security check. You will need a photo ID (Driver's License or student card). Generally, these checks are free when done for volunteers. Enclose a copy with your application.

Comments:

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In connection with my application, I authorize the appropriate police force to make such investigation of its records and enquiries of other police forces as it may consider appropriate. I also authorize said police force to advise Pleasant Bay Camp whether or not such sources contain information which, in the opinion of the police force may be relevant to my application.

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

Parent or Guardian Signature (If Under 18 Years Old): \_\_\_\_\_

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

Please note that this is part of the application procedure.  
Your application form cannot be processed without the  
completion of this sheet and a police check.

# STAFF HEALTH FORM 2008

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

DD MM YY

Home Address \_\_\_\_\_  
(Mailing) Street/Box #

City

Prov./State

Postal/Zip Code

Telephone: (Home) ( ) \_\_\_\_\_ (Work) ( ) \_\_\_\_\_

Provincial Health Insurance Number: \_\_\_\_\_

Other Health Insurance: \_\_\_\_\_  
(Parent or Guardian is responsible to have insurance covering the camper)

Family Doctor: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

IN CASE OF ILLNESS NOTIFY: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

IF UNAVAILABLE NOTIFY: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

## Medical Information

1. Do/have you suffer(ed) from any of the following:

- |  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> Frequent Colds              | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Bedwetting                        | <input type="checkbox"/> Sore Throat    | <input type="checkbox"/> Heart trouble |
| <input type="checkbox"/> Sleep walking               | <input type="checkbox"/> Convulsions     | <input type="checkbox"/> Nightmares                        | <input type="checkbox"/> Asthma         | <input type="checkbox"/> Diabetes      |
| <input type="checkbox"/> Hay fever                   | <input type="checkbox"/> Headaches       | <input type="checkbox"/> Fainting                          | <input type="checkbox"/> Abscessed Ears | <input type="checkbox"/> Stomach upset |
| <input type="checkbox"/> Ivy, Oak or Sumac Poisoning |  | <input type="checkbox"/> Past Operations or serious injury |   |  |

2. Any Allergies?  Yes  No If Yes, list below, giving type of reaction and treatment given:

- a) FOOD \_\_\_\_\_
- b) DRUGS/CHEMICALS \_\_\_\_\_
- c) OTHER \_\_\_\_\_

3. Allergic to BEE STING?  Yes  No *If necessary, see your family doctor to obtain a "bee sting kit"*

4. Are all immunizations up-to-date?  Yes  No Date of last tetanus shot: \_\_\_\_\_

5. Are glasses usually worn?  Yes  No Contacts?  Yes  No

6. Indicate any recent exposure to contagious disease? \_\_\_\_\_

7. Any restrictions on swimming? \_\_\_\_\_

8. Any restrictions to camping activities? \_\_\_\_\_

9. Medication required at camp?  Yes  No

Please specify details of medication/treatment required for the above (All medications must be handed to the nurse upon arrival at camp):

Date of Latest Immunizations:

Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Tetanus \_\_\_\_\_ Mumps \_\_\_\_\_

Pertusis \_\_\_\_\_ Rubella \_\_\_\_\_ Polio \_\_\_\_\_

## CONSENT

To the best of my knowledge I am in good health and have not been exposed to an infectious disease in the past four(4) weeks. I will notify the camp if I become exposed to any infectious disease between now and departure for camp. I hereby authorize the camp nurse and/or camp director to secure such medical advice and services as may be deemed necessary for my health and safety.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Pleasant Bay Camp Personal Reference 2008

EMPLOYER  or  
TEACHER   
Please Check Appropriate Title

Return all references to: Directors at  
Pleasant Bay Camp  
23 Heathcliffe Square  
Brampton ON L6S 5P9

Phone: (905) 792-2019

Email: acabrals@yahoo.com

## ALL REFERENCES ARE TREATED AS STRICTLY PRIVATE AND CONFIDENTIAL

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
No. & Street Apt./Unit No. City Province Postal Code

PHONE: ( ) \_\_\_\_\_

To The Applicant: Print your name, address and telephone number on the lines above and give to your teacher, counsellor, principal or school administrator. Those who have been out of school for at least one year and have been working should submit this form to their employer. Applicants should provide a stamped envelope, addressed to the camp director, to the person submitting the reference.

**NOTE: Family members cannot fill in letters of reference**

1. How long have you known the applicant?
2. In what context/relationship?
3. How well do you know the applicant? Very Well  Well  Casually
4. Briefly describe the applicant's health.
5. Has the applicant been consistent in attendance?
6. Do you know of any reason that would make it difficult for the applicant to serve at Pleasant Bay Camp this summer? If yes, please explain.
7. Further comments you may have regarding the applicant.



# Pleasant Bay Camp Personal Reference 2008

PASTOR

Return all references to: Directors at  
Pleasant Bay Camp  
23 Heathcliffe Square  
Brampton ON

Phone: (905) 792-2019

Email: acabrals@yahoo.com

## ALL REFERENCES ARE TREATED AS STRICTLY PRIVATE AND CONFIDENTIAL

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
No. & Street Apt./Unit No. City Province Postal Code

PHONE: ( ) \_\_\_\_\_

To The Applicant: Print your name, address and telephone number on the lines above and give to your pastor or youth pastor. Applicants should provide a stamped envelope, addressed to the camp director, to the person submitting the reference.

**NOTE: Family members cannot fill in letters of reference**

1. How long have you known the applicant?
2. How well do you know the applicant? Very Well  Well  Casually
3. Is the applicant a member of your church?
4. Has the applicant been consistent in attendance?
5. In what church activities has the applicant participated or given leadership?
6. Comment briefly on any area of the applicant's family background which would help our understanding of the applicant.
7. Comment briefly on the applicant's spiritual life and character.
8. Do you know of any reason that would make it difficult for the applicant to serve at Pleasant Bay Camp this summer? If yes, please explain.

