

**VANCOUVER ISLAND PRESBYTERIAN CAMPS
STAFF/VOLUNTEER APPLICATION FORM**



The mission: to reach children and adults for Christ by sharing the gospel in a camp setting.

The vision: "Our heart's desire and prayer is that they will be saved" Romans 10:1

Your participation in camp ministry is deeply appreciated. Thank you for taking the time to serve the Kingdom of God as together we share our faith with children, teens and adults.

If you have worked at Camp VIP in the last 2 years, you do not need to renew your references. Please complete all other portions of the application.

*** NEW TRAINING REQUIREMENT**

Counselling staff are required to complete the Safestart Health and Safety program prior to arriving at camp. You will receive the package by mail, which will take approximately 3 hours to complete. The program will be reviewed at camp, prior to camper arrivals.

2009 Junior Camp (ages 8-12) June 28th – July 4th

2009 Teen Camp (ages 13-18) Aug 30th – Sept 5th

COMPLETE IN FULL and submit to:

CAMP VIP, c/o St Andrew's Presbyterian Church, 531 Herbert Street, Duncan, BC V9L 1T2

Personal Information

Name: _____ E-mail: _____

Address: _____ Birth date: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell Phone: _____ Gender _____

Position(s) applying for: _____

(Minimum 15yrs old to serve as a counsellor at Junior Camp/ 17yrs old at Teen Camp)

Church and/or youth group affiliation: _____

Camp(s) you are applying for: Junior Camp Teen Camp Family Camp

T-shirt size (please circle one): **YS YM YL AS AM AL AXL XXL**

Medical Information

Care Card#: _____

Doctor's Name: _____ Doctor's Telephone #: _____

Emergency Contact: _____

Emergency Contact Telephone #(s): _____

Health/Emotional challenges (please describe):

Allergies (to what) and reaction(s) (e.g. rash, hives, difficulty breathing etc.):

Are your immunizations up to date? Yes _____ No _____

If no, please explain: _____

Any past serious illnesses, injuries or hospitalizations: Yes _____ No _____

If Yes, what: _____

Dietary Restrictions: _____

Medication: _____ Medication: _____

Dose: _____ Dose: _____

Frequency: _____ Frequency: _____

Prescribed for: _____ Prescribed for: _____

(Attach separate sheet if needed)

Describe any limitations that could affect your camp experience:

All information given above is true and accurate:

Signature: _____ Date: _____

EDUCATION & EXPERIENCE

Education: Secondary and/or Post Secondary; including any current certificates i.e.: First Aid, CPR, Aquatics, Leaders In Training, Babysitters Training:

Experience: List your experiences as a volunteer working with children, youth, adults, whether for a church, camp or other organizations.

Please answer the following questions:

1) Why do you want to be part of Camp VIP this summer?

2) Please tell us about a leader who has been an inspiration to you.

3) Tell us about one gift that God has given you.

4) Tell us about an area where you would like to grow this summer.

If I am accepted to work at Camp VIP, I can be depended on to cooperate with the Director and other leaders and be subject to camp policies, procedures and routines. I will assist to the best of my ability in maintaining the ideals and Christian emphasis of the camp.

Signature: _____ Date: _____

For those under 21: Important!

We (I) give consent for our (my) son/daughter to volunteer at Camp VIP this summer.

Signature: _____ Date: _____

REFERENCE FORMS FOR CAMP VIP VOLUNTEERS – NEW STAFF MUST HAVE TWO REFERENCES FILLED OUT

(This information is kept strictly confidential)

Name: _____

Address: _____

Phone: _____ Person being referenced: _____

Please use a separate sheet of paper to answer the following:

1. How long have you known this person?
2. In what capacity have you known this person?
3. Describe his/her skills/gifts working with children/teens
4. Do you have any concerns about this person working with children?
5. Do you have any knowledge of this person's behaviour, attitude, or emotions that might cause a parent to worry about this person caring for his/her children? If so please explain.

Signature: _____ Date: _____

REFERENCE FORM FOR CAMP VIP VOLUNTEERS

(This information is kept strictly confidential)

Name: _____

Address: _____

Phone: _____ Person being referenced: _____

Please use a separate sheet of paper to answer the following:

1. How long have you known this person?
2. In what capacity have you known this person?
3. Describe his/her skills/gifts working with children/teens
4. Do you have any concerns about this person working with children?
5. Do you have any knowledge of this person's behaviour, attitude, or emotions that might cause a parent to worry about this person caring for his/her children? If so please explain.

Signature: _____ Date: _____