



SUPPORT STAFF APPLICATION 2023

Fishing Lake Bible Camp

PO Box 1060

Wadena, SK S0A 4J0

fishinglakebiblecamp@gmail.com

If you have any questions,
call or text 306-327-8744
(Charlotte's cel)

Please return completed
application by mail or email.

PERSONAL INFORMATION

First & Last Name: _____

Birth Date: (m/d/y) _____ / _____ / _____ Gender: () Male () Female

Address: _____

City & Province: _____ Phone Number: _____

Postal Code: _____ Cell Number: _____

Email: _____

2023 DATES: (Please indicate availability)

- | | |
|---|---|
| () Staff Training: 4 pm on June 29 - 3pm on July 2 | () Hunter Safety Camp (12-15yrs): July 24-28 |
| () Intermediate Camp (9-11yrs): July 3-7 | () Mini Scampers Day Camp (4-6yrs): July 24-27 |
| () Scamper Camp (fin. Gr 1-9yrs): July 10-13 | () Teen Night Extreme (15-18yrs): July 7, 14, 21 |
| () Jr Teen Camp (11-14yrs): July 17-21 | () Family Camp: July 28-30 |

OR, Specific Days (please list): _____

POSITION: (please indicate all positions you are interested in)

- | | | | |
|------------------|---------------------|-----------------------|---------------|
| () Head Cook | () Assistant Cook | () Nurse | () Custodian |
| () Bus Driver | () Boat Driver | () Skill Instructor: | _____ |
| () Site Support | () Other Position: | _____ | |

SPECIALIZED TRAINING & QUALIFICATIONS

Do you hold any of the following certifications? You may be required to submit copies of certification if asked.

- | | | | |
|---|---|--|---|
| Y | N | Food Safety Certificate | Level: _____ |
| Y | N | Pleasure Craft Operator Card | |
| Y | N | Lifeguard → | () Bronze Cross () NLS |
| Y | N | First Aid → | () Red Cross () St. John's Level: _____ |
| Y | N | CPR Training → | Expiry: _____ Level: _____ |
| Y | N | Firearms Certification | () PAL () POL |
| Y | N | Driver's Licence, Class 2 or better | |

Other applicable certification not listed: _____

TESTIMONY OF FAITH

Do you consider yourself to be a follower or Christ? () Yes () No

If yes, briefly explain what that means to you. _____

HEALTH & EMERGENCY CONTACT INFORMATION

Provincial Health Number: _____

Medical Conditions, Allergies, Dietary Restrictions, etc.: _____

Emergency Contact: _____

Relationship to applicant: _____

Phone Number: _____ Cell Number: _____

I declare this health information to be accurate to my knowledge. I hereby give permission to the doctor/nurse selected by the camp to provide me with medical treatment in case of emergency.

Date ____/____/____ Signature _____
MM DD YY (Signature of applicant, or parent/guardian, if under 18)

AGREEMENT

All staff, 18 and over, of Fishing Lake Bible Camp must submit a completed copy of their **RCMP Criminal Record & Vulnerable Sector Check** prior to the first day of work. These checks can be obtained at your local RCMP or Police detachment. Inform the officer who does that check that you will be working as a volunteer at Fishing Lake Bible Camp. We can provide a letter stating you are volunteering if needed.

Have you been convicted of a criminal offence? () Yes () No

If yes, please explain: _____

In submitting this application I declare that all of the information is accurate to the best of my knowledge. I agree to conduct myself in a Christ-like manner in the way that I treat others, dress, and adhere to camp policy. I have been advised of the responsibilities of my position and understand that I am directly answerable to the Executive Director. I understand and have been advised of the amount of remuneration due me (if applicable). If I am a paid staff it will be by an honorarium and not an hourly wage.

I give permission for Fishing Lake Bible Camp to use any photographs or video of me for promotional materials.

I understand the risks involved with summer camp activities and therefore release Fishing Lake Bible Camp from any liability due to injury or loss.

I authorize Fishing Lake Bible Camp access to information with respect to my person from Police/Child Abuse registry files. I further understand that, given the sensitive nature of working with and around children, and the expectation of society and regulatory bodies and insurers, FLBC requires this application, current references, criminal records, and abuse registry checks on file for "ALL" staff persons.

Date ____/____/____ Signature _____
MM DD YY (Signature of applicant, or parent/guardian, if under 18)