



**CAMP SPEAKER**  
**APPLICATION 2024**  
**Fishing Lake Bible Camp**

PO Box 1060  
Wadena, SK S0A 4J0  
[fishinglakebiblecamp@gmail.com](mailto: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: \_\_\_\_\_

**2024 DATES:** (Please indicate availability)

( ) **Staff Training:** 11am on July 1 - 6pm on July 4

( ) **Intermediate Camp (9-11yrs):** July 8-12

( ) **Scamper Camp (fin. Gr 1-9yrs):** July 15-18

( ) **Jr Teen Camp (11-14yrs):** July 22-26

( ) **Mini Scampers Day Camp (4-6yrs):** July 29-Aug 1

**HEALTH INFORMATION**

Health Card Number: \_\_\_\_\_

( ) Yes ( ) No Do you suffer any medical (physical or mental) conditions that may restrict normal camp activities? If yes, please explain: \_\_\_\_\_

( ) Yes ( ) No Have you been treated by a health professional for any medical conditions in the past 12 months? If yes, please explain: \_\_\_\_\_

( ) Yes ( ) No Do you have any severe allergies?  
If yes, please explain: \_\_\_\_\_

( ) Yes ( ) No Do you have any dietary restrictions?  
If yes, please explain: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

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

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

**CHURCH INVOLVEMENT**

What church do you attend? \_\_\_\_\_

How regularly? \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Before submitting, have you talked with your Pastor about your application?** ( ) Yes ( ) No

*We want this to be an extension of your ministry to your church, so our preference is that your pastor knows you are serving at FLBC. We only hire staff who have a personal relationship with Jesus and are actively part of their local church.*

What has your church or community involvements been in the last two years?

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

Do you enjoy speaking to kids/young adults and sharing the gospel? Have you ever done this before?

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

**FAITH EXPERIENCE:** Please use an additional sheet of paper if needed.

How did you become a Christian? When?

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

How would you lead someone to Christ?

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

Describe your current relationship with the Lord, including your current devotional and prayer life.

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

What is God currently teaching you through His Word, life experiences, and/or people?

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What areas do you feel you need future growth/development?

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What limitations would you have in being a Camp Speaker for the duration of the session?

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## REFERENCES

In addition to your Pastor's contact information that you already listed, please provide the names and contact information two adult acquaintances over 25 years of age, who are not relatives. (Please inform your references that you have used their name.)

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

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

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

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

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

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

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.

( ) Yes ( ) No Have you been convicted of a criminal offence? If yes, please explain:

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