

SUPPORT STAFF APPLICATION 2025

Fishing Lake Bible Camp PO Box 1060 Wadena, SK S0A 4J0 <u>fishinglakebiblecamp@gmail.com</u>

Please return completed application by mail or email.

PERSONAL INFORMATION

		ame:				
Birth	n Date: (m	n/d/y) / /	Gender: () Male () Female			
Addr	ress:					
City	& Provinc	ce:	Phone Number:			
Posta	al Code: _		Cell Number:			
Ema	il:					
2025	5 DATES	S: (Please indicate availability	<i>v</i>)			
		te availability:	() Jr Teen Camp (11-13yrs): July 14-18			
() Intermediate Camp (9-11yrs): July 7-11						
		Camp (fin. Gr 1-9yrs): July 21-24				
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OR, S	Specific Da	ays (please list):				
OR, S	Specific Da	ays (please list):				
POS	SITION:	: (please indicate all positions you	are interested in)			
РО () Н	SITION: lead Cook	: (please indicate all positions you < () Assistant Cook	are interested in) ()Nurse ()Custodian			
POS () H () B	SITION: lead Cook	: (please indicate all positions you < () Assistant Cook () Boat Driver	are interested in) ()Nurse ()Custodian ()Skill Instructor:			
POS () H () B	SITION: lead Cook	: (please indicate all positions you < () Assistant Cook () Boat Driver	are interested in) () Nurse () Custodian			
PO S () H () B () Si	SITION: lead Cook us Driver ite Suppo	: (please indicate all positions you () Assistant Cook () Boat Driver ort () Other Position:	are interested in) ()Nurse ()Custodian ()Skill Instructor:			
POS () H () B () Si SPE	SITION: lead Cook us Driver ite Suppo ECIALIZ	: (please indicate all positions you () Assistant Cook () Boat Driver ort () Other Position: ZED TRAINING & QUALI	are interested in) () Nurse () Custodian () Skill Instructor: FICATIONS			
POS () H () B () Si SPE	SITION: lead Cook us Driver ite Suppo ECIALIZ ou hold ar	: (please indicate all positions you () Assistant Cook () Boat Driver ort () Other Position: ZED TRAINING & QUALI ny of the following certifications?	are interested in) () Nurse () Custodian () Skill Instructor: FICATIONS You may be required to submit copies of certification if asked.			
POS () H () B () Si SPE Do ye	SITION: lead Cook us Driver ite Suppo ECIALIZ	: (please indicate all positions you () Assistant Cook () Boat Driver ort () Other Position: ZED TRAINING & QUALI ny of the following certifications? Food Safety Certificate	are interested in) () Nurse () Custodian () Skill Instructor: FICATIONS You may be required to submit copies of certification if asked.			
POS () H () B () Si SPE Do yo Y	SITION: lead Cook us Driver ite Suppo ECIALIZ ou hold ar N	: (please indicate all positions you () Assistant Cook () Boat Driver ort () Other Position: ZED TRAINING & QUALI ny of the following certifications? Food Safety Certificate Pleasure Craft Operator Card	are interested in) () Nurse () Custodian () Skill Instructor: FICATIONS You may be required to submit copies of certification if asked. evel:			
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POS () H () B () Si SPE Do ye Y Y Y	SITION: lead Cook us Driver ite Suppo ECIALIZ ou hold ar N N N	: (please indicate all positions you () Assistant Cook () Boat Driver ort () Other Position: ZED TRAINING & QUALI ny of the following certifications? Food Safety Certificate L Pleasure Craft Operator Card Lifeguard → (First Aid → (CPR Training → E	are interested in) () Nurse () Custodian () Skill Instructor: FICATIONS You may be required to submit copies of certification if asked. evel:)Bronze Cross () NLS) Red Cross () St. John's Level: Expiry:Level:			
POS () H () B () Si SPE Do ye Y Y Y Y	SITION: lead Cook us Driver ite Suppo CCIALIZ ou hold ar N N N N	Control (Control (Contro) (Control (Contro) (Contro) (Contro) (Contro) (Contro) (C	are interested in) () Nurse () Custodian () Skill Instructor: FICATIONS You may be required to submit copies of certification if asked. evel:)Bronze Cross () NLS) Red Cross () St. John's Level: Expiry:Level:			

TESTIMONY OF FAITH

Do you consider yourself to be a follower or Christ?	() Yes	() No
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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 sub	omit a complete	ed copy of their RCMP Criminal
Record & Vulnerable Sector Check prior to the first day o	f work. These	checks can be obtained at your local
RCMP or Police detachment. Inform the officer who does	s that check tha	at you will be working as a volunteer
at Fishing Lake Bible Camp. We can provide a letter stating	g you are volur	nteering 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)