



# PROGRAM STAFF APPLICATION 2025

Fishing Lake Bible Camp  
PO Box 1060  
Wadena, SK S0A 4J0  
[fishinglakebiblecamp@gmail.com](mailto:fishinglakebiblecamp@gmail.com)

Please return completed application by mail or email. If you do not fill all the fields out, it may get returned to you.

## 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:** ( ) I understand that I am required to attend **Staff Training** 11am Jun30 – 6pm Jul3

**Please indicate availability:**

- ( ) **Intermediate Camp (9-11yrs):** July 7-11
- ( ) **Jr Teen Camp (11-13yrs):** July 14-18
- ( ) **Scamper Camp (fin. Gr 1-9yrs):** July 21-24
- ( ) **Teen Camp (14-Gr.12):** July 28-Aug 1  
(must be graduated Gr.12 to be Teen Camp staff)

**POSITION:** (please indicate all positions you are interested in – be willing to stretch your leadership abilities!)

- ( ) Program Director
- ( ) Cabin Leader
- ( ) Leader-in-Training (LIT)
- ( ) Crew
- ( ) Lifeguard
- ( ) Other: \_\_\_\_\_

## SPECIALIZED TRAINING & QUALIFICATIONS

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

- 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 Do you play an instrument (guitar, piano, box drum, bass, other)?
- Y N Could you bring your instrument to camp?
- Y N Do you have experience leading worship?

## REMUNERATION

Senior Program Staff (Cabin Leaders & Program Director) are given an honorarium of \$475 per week. LITs/CREW are paid \$7/day. Staff are not paid for Staff Training. Canteen is free for all staff. If you are only attending a partial week, it will be pro-rated accordingly.

*Staff can raise additional support for working at camp. All support letters should be emailed to the Executive Director for approval before sending out.*

**Pursuing POST-SECONDARY STUDIES? FLBC has a Scholarship Program. More info please!** Y N

## 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 (Parent Signature if applicant is under 18years old)

## SKILLS & EXPERIENCE

Please indicate your level of proficiency.

Activity	Know Nothing	Know Something	Could Help	Could Teach
Archery				
Canoeing				
Crafts				
Digging Deeper (Bible talks)				
Drama & Skits				
Escape Room				
Gaga Ball/9-Square in the Air				
Laser Tag				
Outdoor Cooking				
Pelletry				
Slack Line/Zip Line				
Survival				
Tubing				
Wide Games and/or Group Games				

## EDUCATION & INTERESTS

Highest level of education completed as of June 2025: \_\_\_\_\_

Were you enrolled full-time in school for 2024-2025?      Yes      No  
 If yes, where? \_\_\_\_\_

Are you intending to return full time to school in the fall of 2025? \_\_\_\_\_

What are your hobbies and interests?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What's your favourite colour? \_\_\_\_\_  
 \_\_\_\_\_

**CHURCH INVOLVEMENT**

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

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

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

Pastor's Email: \_\_\_\_\_

**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 want our staff to have a personal relationship with Jesus and be actively part of their local church.

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

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

**CAMP EXPERIENCE**

State briefly your experience as a camper (indicate camp(s) you've attended).

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

State briefly your experience as a staff member (if applicable).

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

Why do you want to work at camp?

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

**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.

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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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RETURNING STAFF: How have you grown since last year in areas of your spiritual walk, leadership, etc.?

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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: \_\_\_\_\_

