



# Application for WorkCrew Counselor In Training Counselors & Volunteers



## Summer Volunteer

**Complete and mail to: Clearwater Bible Camp**  
**Box 2129 RR2, Clearwater B.C. V0E 1N0**  
 Tel/Fax: 250-674-3026 (call before faxing)  
 Email: ClearwaterBibleCamp@gmail.com  
 www.ClearwaterBibleCamp.com

### START HERE:

**How do I use this form?** View the chart to see what part of this application you have to fill out and what other things you have to do. (Only send the required information.)

Workcrew	<input type="checkbox"/>	General Info	<input type="checkbox"/>	Read CSSM Material	<input type="checkbox"/>	Criminal Record Check (17 and over)	<input type="checkbox"/>	References	<input type="checkbox"/>	Recent picture of yourself	<input type="checkbox"/>	Include \$80 Deposit	<input type="checkbox"/>
Volunteer Staff from last 3 years	<input type="checkbox"/>	Health Info	<input type="checkbox"/>	Agreement	<input type="checkbox"/>			Experience	<input type="checkbox"/>				
Counselor-In-Training (CIT)	<input type="checkbox"/>	Disc Test	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>				
New Volunteer Staff	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>				

### General Info: (for All applicants)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age as of July 1: \_\_\_\_ Birthdate: \_\_\_\_\_ Gender:  Male  Female

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Time of Service: (Write the names of the camps you plan to serve at, Check website for this summer's dates)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please select position you are applying for. You may choose more than one.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Sr. Counselor         | <input type="checkbox"/> Counselor-In-Training  | <input type="checkbox"/> Workcrew       | <input type="checkbox"/> Program Director       |
| <input type="checkbox"/> Day Camp Director     | <input type="checkbox"/> Climbing Tower Manager | <input type="checkbox"/> Music Leader   | <input type="checkbox"/> Camp Grandma           |
| <input type="checkbox"/> Camp Grandpa          | <input type="checkbox"/> Photographer           | <input type="checkbox"/> A/V Technician | <input type="checkbox"/> Climbing Tower Manager |
| <input type="checkbox"/> Workcrew/CIT Director | <input type="checkbox"/> Head Cook              | <input type="checkbox"/> Lifeguard      | <input type="checkbox"/> Band member            |

Describe your qualifications for the position(s) you indicated. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Health Info:

Do you suffer any medical / emotional condition that in any way restricts your participation in normal activities including land and water sports?

Yes  No (Please check one) If "yes", please explain: \_\_\_\_\_

Have you been treated by a health professional for any medical condition in the past 12 months?

Yes  No (Please check one) If "yes", please explain: \_\_\_\_\_

Do you have any allergies?  Yes  No (Please check one) If "yes", please list them.

Are you on a special diet?  Yes  No (Please check one) If "yes", please explain (i.e. vegetarian):

Date of last physical exam (mm/dd/yy): \_\_\_\_\_

Camper Name: \_\_\_\_\_ Care Card Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ phone: \_\_\_\_\_

Next of kin (NOK): \_\_\_\_\_ (Parent if under 18 yrs old)

NOK Address: \_\_\_\_\_

NOK City: \_\_\_\_\_ NOK Prov. \_\_\_\_\_ NOK Postal code: \_\_\_\_\_

NOK Tel: \_\_\_\_\_ NOK Alternate Tel: \_\_\_\_\_

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

Applicant's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yy

Signature of Parent/Guardian  
(if applicant under 18 years) \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yy



# Agreement:

All applicants are required to comply with and agree to the CSSM Code of Conduct and the CSSM Doctrinal Statement. These can be viewed online at: **CSSM Code of Conduct** ~ [www.cssm.ca/conduct](http://www.cssm.ca/conduct) **CSSM Doctrinal Statement** ~ [www.cssm.ca/doctrine](http://www.cssm.ca/doctrine) or you can request a copy from the Camp.

In submitting this application, I declare all of the information is accurate to the best of my knowledge. I hereby agree to abide by the CSSM Code of Conduct policy. I agree with the CSSM Doctrinal Statement and authorize CSSM Ministries access to information with respect to my person from Police / Child Abuse registry files.

Have you been convicted of a criminal offence? Yes No  
If “yes”, please explain.

**Waiver Statement:** “I authorize the release of the disclosed reference information by the person completing the reference, and waive any right or privilege to inspect or challenge its contents. I understand that this information will be held in strict confidence by the administrative employees of Clearwater Bible Camp and that it will not be released to anyone else without the permission of the applicant, except when such disclosure is required by law.”

If accepted on staff I understand that I am required to find 7 people to commit to pray daily for myself and the needs of the camp during the summer. I also understand that I am required to attend Staff Training Camp.

Applicant’s Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yy

Signature of Parent/Guardian  
(if applicant under 18 years) \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yy

**NOTE:** If you are submitting this form electronically, you must also print and sign a copy that you can mail in so we have your signature on file.

***YOU CANNOT BE HIRED WITHOUT A SIGNED APPLICATION PAGE.***

# Criminal Record Check:

\*Because Camp involves working with children we are required to have a completed Criminal Record Check for each of our staff who is 17 years old and up. Complete one at your local RCMP detachment and ask them to mail it directly to us.

***Last summer staff – this is the end of your application***

# References:

Provide the names, and **phone #'s** of one (1) pastor and two (2) adult acquaintances over 25 years of age, who are not relatives. **(Incomplete addresses will stop your application process.) Send each reference a Clearwater Bible Camp Reference Form.** Look for it on our website. It is your responsibility to make sure they send it directly to Clearwater Bible Camp. **We cannot process your application until we receive all three references.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

# Experience:

Education:

	School	Yrs attended	Date graduated	Degree
High school				
Bible school				
University/college				
Other				

Work History (If applicable):

Present employer: \_\_\_\_\_ Employer's tel: \_\_\_\_\_

Position: \_\_\_\_\_ Dates from \_\_\_\_\_ to \_\_\_\_\_

Previous employer: \_\_\_\_\_ Employer's tel: \_\_\_\_\_

Position: \_\_\_\_\_ Dates from \_\_\_\_\_ to \_\_\_\_\_

Church Involvements:

What church do you attend: \_\_\_\_\_ How long? \_\_\_\_\_

How regularly? \_\_\_\_\_ Are you a member?  Yes  No

Pastor / Youth pastor: \_\_\_\_\_ Tel: \_\_\_\_\_

What are your church, school or community involvements in the past 3-5 years?

Describe your level of experience and ability in these skills:

Archery \_\_\_\_\_

Riflery \_\_\_\_\_

Canoeing \_\_\_\_\_

Crafts \_\_\_\_\_

Field Sports \_\_\_\_\_

Climbing/Belaying \_\_\_\_\_

Wilderness Camping \_\_\_\_\_

Music \_\_\_\_\_