



CSSM Saskatchewan Core Staff Application

CSSM Ministries ~ P.O. Box 60 ~ Caronport, Sk S0H 0S0
Ph. 306.756.2300 ~ Fax. 306.756.2771 ~ Email: sk@cssm.ca ~ Web: www.cssm.ca

Please attach a good quality photograph of yourself with this application. (This helps us become familiar with our staff in advance). If you are applying by fax or email please forward picture by mail unless you can scan and forward with your email.

First Name: _____ Pau _____ Last Name: _____

Age: Under 18 yrs of Age; 18 years of age and Over; Birth date: ____/____/____ (optional)
dd mmm yy

Gender: Male Female (Please check one)

Permanent Address: _____

City _____ Province _____ Postal Code: _____

Home Ph: _____ Email: _____

Alternate Address _____ (Please explain _____)

City _____ Province _____ Postal Code: _____

Phone: _____ Email: _____

DATES AVAILABLE:

Start Date: _____ End Date: _____
(dd/mmm/yy) (dd/mmm/yy)

Please list any dates you will not be available within the start and end dates listed above.

POSITION (please select position you are applying for. Use other to specify more than one)

Cabin leader, Program Dir., Jr Cabin leader, Wrangler, Maintenance,
Lifeguard, Nurse, Head Cook, Ass't Cook, Jr.cook, Secretary,
Riding Instructor, Other _____

Camp at which you prefer to work (please select one. Use other to specify more than one)

Cypress, Estevan, Dallas, Glad Tidings, Kenosee, Luseland,
 Madge, Manitou, Ranger, Stoney, Torch, Other _____

EDUCATION

	School	Years Attended	Date Graduated	Degree
High School				
Bible School				
University / College				
Other				

WORK HISTORY (If applicable)

Present Employer
Employers Phone # Fax #
Position Dates from to

Previous employer
Employers Phone # Fax #
Position Dates from to

CHURCH INVOLVEMENTS

What church do you attend?

How regularly?

Are you a member? Yes No

Pastors / Youth Pastors name and phone # Ph.

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

use a separate sheet if necessary.

HEALTH REPORT

Do you suffer any medical / emotional condition that in any way restricts 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 elaborate

Do you have any allergies? Yes No (Please Check one)

If yes, please list them here

Are you on a special diet? Yes No (Please Check one)

If yes, please elaborate (i.e. Vegetarian)

Date of last physical exam. (dd/mmm/yy)

Emergency Contact:

Next Of Kin (NOK) (Parent if under 18 years old)

NOK Address

NOK City NOK Prov. NOK Postal Code

NOK Phone NOK Phone Other

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 an emergency.

Date _____
dd/mmm/yy

Signature
(Parent if under 18 years old)

PERSONAL INFO (Please use a separate sheet if necessary)

Why are you applying for this position?

CAMPING SKILLS & EXPERIENCE

State briefly your experience as a camper (Indicate camp[s] you attended)

State briefly your experience as a camp staff member

PLEASE ANSWER THE FOLLOWING QUESTIONS.

Please use an additional sheet of paper (typed if possible).

1. Briefly describe your salvation experience i.e.. How did you become a Christian? When?
(Support with Scripture)
2. How would you lead someone to Christ? (Please incl. Scripture)
3. Describe your current relationship with the Lord.
4. Describe your current devotional and prayer life.
5. What is God currently teaching you?
6. What are your strengths & talents? (Don't be modest)
7. In what areas do you feel you need further growth / development?
8. List your hobbies and interests.

Indicate your level of proficiency in the following areas:						
PROGRAM <small>WHERE MORE THAN ONE ACTIVITY ON A LINE, CIRCLE APPROPRIATE ONE (I.E., Mtn / BMX Biking, CIRCLE EITHER BMX OR Mtn).</small>	Know Nothing	Know Something	Could help	Could teach	Certified to teach	Certification level *
Archery						
Camping skills						
Canoeing						
Handicrafts						
Horsemanship						
Lifeguard						
Swimming instruction						
Outdoor cooking						
Drama						
Climbing Wall						
Recreation Leadership						
Overnight Campouts / Cookouts						
Waterski / Wake Brd						
BBall, UBall, Soccer						
Mtn/BMX Biking						
Rifelry / Pellet Guns						
Golf						
Skateboarding						
Other _____						

Pleasure Craft Operator Card:
Certified Boat driver.

Lifeguards - Additional Certification:*

Bronze Cross: Yes No

NLS: Yes No

WSI Certification: Yes No

First Aid Certificates

Do you have First Aid Training? Yes No *
(PLEASE CHECK ONE)

If yes, from who _____
(i.e. Red Cross, St. Johns Ambulance etc.)

What level _____

Do you have CPR training? Yes No *
(PLEASE CHECK ONE)

If so from who _____

What level _____

Expiry date _____
(DATE YOU NEED TO RENEW BY)

Fire Arms Certification

Do you hold a valid: (check any that apply)

POL

PAL

* Please Include Copies of your certifications

MUSIC

Do you play an instrument? _____

Would you be able to bring an instrument with you? Yes No

REFERENCES

Provide the names, and **full mailing** addresses and **Phone #'s**, of 1 Pastor and 2 Adult acquaintances over 25 years of age, who are not relatives. (*Incomplete addresses will stop your application process*)

* Please inform your references that you have used their name.

1. Name _____ Relationship _____

Address _____ City _____ Prov _____ Postal Code _____

Phone _____ Email _____

2. Name _____ Relationship _____

Address _____ City _____ Prov _____ Postal Code _____

Phone _____ Email _____

3. Name _____ Relationship _____

Address _____ City _____ Prov _____ Postal Code _____

Phone _____ Email _____

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

CSSM Doctrinal Statement - www.cssm.ca/doctrine

or requested from the CSSM office:

CSSM Ministries

P.O. Box 60

Caronport SK S0H 0S0

Ph. 306-756-2300

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

Have you been convicted of a criminal offense? Yes No (please check one)

If yes, please explain. _____

Date _____ Signature _____

dd/mmm/yy

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

A copy of your current CRIMINAL RECORDS check is required every 2 years. Please submit your criminal record check with your application form or MAIL SEPARATELY ASAP as we can not confirm your acceptance until received.

Short Answer Questions:

(If you need more room please use the body of an email to correspond further)

1. Briefly describe your salvation experience i.e.. How did you become a Christian? When?
(Support with Scripture)

2. How would you lead someone to Christ? (Please incl. Scripture)

3. Describe your current relationship with the Lord.

4. Describe your current devotional and prayer life.

Short Answer Questions Continued:

5. What is God currently teaching you?

6. What are your strengths & talents? (Don't be modest)

7. In what areas do you feel you need further growth / development?

8. List your hobbies and interests.

Comments: Further comments, answers, questions

Click Submit
To Email completed
form for processing