



“Lead to Change a Life”
Summer Volunteer Staff Application

Note: *There is no one that we more value than those who seek to work alongside of us in a staff role. However, at this time we are not able to offer remuneration for your services. Your willingness to join our camp staff in this way is seen by us a major investment to enable us to build a camp that will impact many lives in the years to come.*

Personal Profile:

Name: _____ Date: _____
Current Address Street _____ () _____
Home Phone _____
City Prov/ST P/C/ZIP _____ () _____
Business Phone _____
Email: _____ Sex: Male Female

Date of Birth: ____/____/____ Marital Status: Single Married

If children; what are their names and ages _____

Canadian Citizen: Yes No If no, do you have the legal right to work in Canada? Yes No

Visa Classification & Number: _____

Health: Good Fair Poor

Wilderness Camping is both physically and emotionally demanding. Please explain any limiting factors:

Service:

Please state what role you are applying for:

Counsellor Maintenance Kitchen/Domestics

What amount of time would you like to commit to camp? _____

Education and Training:

Please list all secondary and post-secondary educational institutions that you have attended:

Dates	Institution	Qualification/Certificate/Degree

List any training courses, seminars or experiences that have helped prepare you for leadership in a wilderness camping context:

Work Experience:

Identify relevant work/volunteer experiences. (If more space is needed attach separate page.)

Dates	Describe Experience	Key Learning's

Employment History:

List your present employer:

Employer _____ Dates employed _____ to _____
 Address: _____ Phone: () _____
 Job Title: _____ Fax: () _____
 Responsibilities: _____

Financial Information:

I am aware that this is a voluntary position and that I will cover any expenses above food & lodging.

I agree to this arrangement. Yes No

I am interested in raising money to pay for the summer. (At this time CLDC is not able to issue receipts for funds raised for volunteers.) Yes No

Please summarize any concerns that you might have about the financial area: _____

Comments or Questions:

This is your opportunity to identify any questions or comments that you may have.

References:

Please supply the following 3 references in order to complete your application.

1. Pastor or Current Spiritual Leader

Name: _____ Phone: () _____

Address: _____ Email: _____

2. Employer or Professor

Name: _____ Phone: () _____

Address: _____ Email: _____

3. Co-worker or Friend

Name: _____ Phone: () _____

Address: _____ Email: _____

We want to thank you for being honest and candid with all of you communication to us. Ensuring that we undertake a thorough application process is a requirement of our insurer. Please feel free to contact us if you have any questions.

Send completed application form to:

Tom & Rita Weber
1499 Cox Creek Road
West Montrose, ON N0B 2V0

Medical History Form

Canoeing, swimming, hiking, cooking, fishing are only a few of the activities that will be a big part of your time at Crane Lake Discovery Camp, but don't worry, we let you choose your own challenge- this means no one will force you to try anything you don't want to.

Please fill out the following information to help us maintain the safest possible visit while at Crane Lake Discovery Camp.

NAME: _____ BIRTHDATE: ____/____/____

Health Card Number: _____ Code ____ ____ Month/Day/Year

EMERGENCY CONTACT INFORMATION:

NAME: _____

PHONE NUMBER: (____) _____

Please list below any medical conditions and/or previous injuries or treatments we should know about:

Do you have any allergies, food or other? Yes ____ No ____

If yes please list them, and be specific if possible.

Do you require an epipen? Yes ____ No ____

If yes, do you have this with you? Yes ____ No ____

Crane Lake Discovery Camp has the right to stop you from participating in our program at anytime for any reason, medical or otherwise.