



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

Gender (optional):    Male    Female    Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birth Date (m/d/y)(optional): \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_ Home: (    ) \_\_\_\_\_ - \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

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

Estevan Bible Camp 2016 Dates: July 4th - July 21st  
 Mail to: Estevan Bible Camp Box 771 Estevan, SK, S4A 2A6  
 or Email to: [directors@estevanbiblecamp.ca](mailto:directors@estevanbiblecamp.ca)

### ***Faith Journey***

1) Why do you want to work at camp?

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

2) Briefly describe your salvation experience ie. How did you become a Christian? When?

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

3) How would you explain the way of salvation and lead someone to Christ? Please include scripture:

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

4) Describe your current relationship with the Lord:

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

5) Describe your current devotional and prayer life:

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6) What is God currently teaching you?

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7) What are your strengths and talents? (Don't be modest)

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8) In what areas do you feel you need further growth/development?

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9) What is your current /past involvement with church? How often do you attend?

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10) List your hobbies and interests.

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## HISTORY

Do you have a criminal record?  Yes  No  
 If you answered "yes" to the above question, please specify:

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Do you have any experience at camp? If you have experience at a One Hope Canada camp please state which camp.

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Please list all Schools, Colleges and/or Universities you have attended (include dates):

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State briefly, your experience as a camper (mention specific camps please):

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## EXPERIENCE A

Please circle the level of experience/certificate you have in the following. (0=none, 1=low, 5= high)

	VALUE	CERTIFICATE
Archery		<input type="checkbox"/> Yes <input type="checkbox"/> No
Camping Skills		<input type="checkbox"/> Yes <input type="checkbox"/> No
Canoeing		<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand Crafts		<input type="checkbox"/> Yes <input type="checkbox"/> No
Horsemanship		<input type="checkbox"/> Yes <input type="checkbox"/> No
Lifeguard		<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Instruction		<input type="checkbox"/> Yes <input type="checkbox"/> No
Outdoor Cooking		<input type="checkbox"/> Yes <input type="checkbox"/> No
Drama		<input type="checkbox"/> Yes <input type="checkbox"/> No
Climbing Wall		<input type="checkbox"/> Yes <input type="checkbox"/> No
Recreation Leadership		<input type="checkbox"/> Yes <input type="checkbox"/> No
Overnight		<input type="checkbox"/> Yes <input type="checkbox"/> No
Campouts/Cookouts		<input type="checkbox"/> Yes <input type="checkbox"/> No
Waterski/Wake Boarding		<input type="checkbox"/> Yes <input type="checkbox"/> No
Riflery/Pellet Guns		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

List any certificates you have in reference to the above options:

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## EXPERIENCE B

Do you have a Pleasure Craft Operator card?  Yes  No

Do you have a Lifeguard Bronze Cross?  Yes  No

Do you have a Lifeguard NLS Certification?  Yes  No

Do you have Lifeguard WSI Certification?  Yes  No

Do you have First Aid Training?  Yes  No

If you have First Aid Training, please list who you received your training from and what level (eg. Red Cross, St Johns Ambulance etc)

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Do you have a WHIMIS Certification?  Yes  No

Do you have CPR Training?  Yes  No

If you answered "yes" to CPR Training, from where and what level?

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What date does your CPR Certificate expire? \_\_\_\_\_

Do you hold a valid POL License?  Yes  No

Do you hold a valid PAL License?  Yes  No

Do you play an instrument?  Yes  No

If you do play an instrument, please list what instrument(s):

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Can you bring it to camp?  Yes  No

Do you have a Food Handlers Certificate?  Yes  No

If "yes", what date does it expire? \_\_\_\_\_

## MEDICAL HISTORY

Health Care Number: \_\_\_\_\_

Yes  No Do you suffer from any physical or emotional condition? (Optional)  
If you answered yes, please explain the physical/emotional condition:

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

Yes  No Have you been treated for any medical condition in the past twelve months? (Optional)  
If you answered yes, what medical condition were you treated for?

\_\_\_\_\_

Yes  No Do you have any allergies? If you answered yes, please list your allergies: \_\_\_\_\_

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

Yes  No Do you have any dietary restrictions? If so, list them: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone 1: (        ) \_\_\_\_\_ - \_\_\_\_\_ Emergency Contact Phone 2: (        ) \_\_\_\_\_ - \_\_\_\_\_

I declare all this information to be accurate to the best of my knowledge. I hereby authorize One Hope Canada access to information with respect to my person from Police/Child Abuse registry files. I have read and agree with One Hope Canada's Statement of Faith and Code of Conduct (available at [www.onehopecanada.org/careers](http://www.onehopecanada.org/careers)).

I have been advised of the responsibilities of my position and understand that I am directly answerable to the Director. I further understand and have been advised of the amount of remuneration due me (if applicable). I agree to work in harmony with those around me and to abide by the rules, regulations, policies and procedures of One Hope Canada.

I give permission for my child to serve at camp this summer and am aware that my child is free to leave camp property with other staff during the weekends when camp is not in session. (applicable only if applicant will not be 18 at the start of their time at camp)

**References:** I hereby provide the names and full addresses of my references over 25 years of age that are not relatives. (Incomplete addresses hold up the application process). I have informed my references that I have used their name and asked that they provide a quick response.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_ (mm/dd/yy) Signature: \_\_\_\_\_

Parent/Guardian Signature (if applicable): \_\_\_\_\_

**FOR OFFICE  
USE ONLY**

Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

Application Year: \_\_\_\_\_