

ALBION HILLS ADVENTURE CAMP – August 29 – September 2, 2011
Counselor Application Form



Any person under the age of 16 will be considered for a CIT position unless the Camp Director decides otherwise

APPLICANT INFORMATION

Name:	Address:	City:	Province:	Postal Code:
Phone #:	E-mail:	Health Card#:		
Emergency Contact:	Phone#	Alternate Phone#		

Are you 16 years old or older as of August 23, 2011?

Any Medical Conditions or Allergies:

Why are you applying to be a camp staff member?

Write a short paragraph about your personal salvation experience:

Experience working with kids; where, age group, activities:

Do you have a current Police Records Check? yes no If no, are you willing to undergo a Police Records Check? yes no

T Shirt Size: Small Medium Large X-Large XX-Large

CAMP PROGRAM INTERESTS AND SKILLS

List any skills below which hold special interest for you and in which you can be of service.

There is a pre-camp training session of approximately 4 hours that is mandatory to attend - You will be contacted to arrange the time and date upon acceptance.

- 1- I confess that I am a Christian who believes in God, has repented of my sins, and has accepted Jesus Christ as my personal Saviour
- 2- I agree to behave as a Christian should, and be a role model for the campers, encouraging them to love and follow the Lord
- 3- I will attend a pre-camp training session covering First Aid, Camp Schedule, Rules & Disciplines, as well as Biblical objectives and prayer

REFERENCES - Please give names of two individuals (*not relatives*) who know you well.

Name	Relationship	Years Known
Address	City	Province
Postal Code	Tel. No.	Email
Name	Relationship	Years Known
Address	City	Province
Postal Code	Tel. No.	Email

I have read and fully understand all the questions requested in this application. I certify that all answers given by me are accurate and complete. I understand that completion and submission of this application does not ensure me a position. I understand that omission and/or misrepresentation of the facts requested may be just cause for immediate dismissal without prior notice. I authorize Albion Hills Adventure Camp to contact the references listed above and I release each person from liability for providing this information. If accepted for service I understand that I will need to provide a Police Records Check at my own expense and all information concerning my references and Police Records check will be treated in a confidential manner and according to the Albion Hills Adventure Camp Privacy Policy. If accepted for service I agree to abide by all the rules and policies of Albion Hills Adventure Camp. I have read, understood and agree to the above.

SIGNED:	DATE:
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If you need more room for answers please write on the back of the sheet

*Please mail this form to **Albion Hills Bible Church 17243 The Gore Rd., P.O. Box 184, Station Palgrave, Caledon, Ontario L7E 3T2***