



Volunteer & Staff Application

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Kids Kamp Family Camp Youth Camp

I want to be: A volunteer A paid staff person (kitchen worker)

I want to be at: Kids Kamp (July 3-7) Family Camp (July 14-29) Young Adults Camp (Aug 3-5) Youth Camp (Aug 6-11)

Position desired: Counselor Kitchen Worker Custodial Nursery Administration

This application must be fully completed by those who wish to be volunteers or employees at Kids Kamp, Family Camp, or Youth Camp. Please submit this form by June 6th if possible. Once submitted it will be reviewed by District staff. The application follows the guidelines set up in our Districts Child Protection Policy.

It is our desire to provide a safe and secure environment for those who participate in these events. The information you give in this form will be kept on file at District Office. Please print clearly.

Name: _____ Home Church: _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone (Home): _____ Phone (Office): _____

E-mail Address: _____ Social Insurance Number: _____

Date of Birth (d/m/y): _____ Marital Status: _____ Spouses Name: _____

Occupation and Employer: _____

Emergency Contact Person: _____ Contact Number: _____

Do you have children? _____ Have you arranged for their care while you are volunteering/working? _____

Have you recently used tobacco or illegal drugs? _____

Why do you want this ministry? _____

How long have you attended your current assembly? _____ Are you a member? _____

When/where did you accept Christ as your personal Saviour? _____

List all the churches you have attended regularly in the last 5 years. Indicate the church name, pastor, denomination, and phone number:

Camp Evangeline Administration Office

Box 1184, Truro NS B2N 5H1

Phone: (902) 895-4212 Fax: (902) 897-0705

www.campevangeline.com



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Please indicate any previous or present ministry involvement. List the church, supervising pastor, and the capacity in which you minister(ed):

Have you ever been convicted of a criminal offense? Yes No

Have you ever been convicted of a sexually related crime? Yes No

Have you ever been hospitalized or treated for alcohol or substance abuse? Yes No

Do you have a communicable disease? Yes No

Are you in treatment for a form of mental illness? Yes No

Do you have any physical limitations that would prevent you from performing certain types of activities (ie. lifting, bending, etc.)? Yes No

Please list three personal references who know you and would be able to give reference of your character. Acceptable references are those over 18 years old and are not pastors or relatives. It is important that you indicate their name, full address, and telephone number.

1.

2.

3.

Please record any information about your character, conduct, personality, or history, that could have influence on your ability to serve at a Christian camp:

APPLICANTS STATEMENT:

The information I have provided in this application is correct, to the best of my knowledge. I hereby authorize any references listed in this application to give any information that they may have concerning my suitability for this position. I release all such references from liability for any damage that may result in giving such evaluation.

I will attend all meetings relevant to my employment or volunteering. I will submit to each District authority.

I agree to be bound by the policies, philosophies, and directives of the Maritime District of the Pentecostal Assemblies of Canada regarding this event. I understand that law officials may access this information, under warrant, if requested.

I have read, and will adhere to, the Maritime District Child Protection Policy.

Applicants Signature

Date

PASTORS STATEMENT:

I have read this application and, to my knowledge, assert that the information herein is correct. I recommend, without hesitation, this applicant for employment or volunteering.

Pastors Signature

Date

IMPORTANT: Please do not arrive at Camp Evangeline for involvement unless you have been notified of your acceptance. You will be notified ONLY if you are accepted. Please attach an original copy of your Criminal Record Check. Mail this form to: Camp Evangeline, Box 1184, Truro, NS, B2N 5H1.