

2009 Summer Camps



VOLUNTEER APPLICATION PACKAGE

ANGLICAN DIOCESE
OF EDMONTON

10035-103 Street
Edmonton AB T5J 0X5
Phone: (780) 439-7344 Fax: (780) 439-6549

VOLUNTEER JOB APPLICATION

2009 CAMP SEASON

Please complete this application in full. Applications will not be considered until all parts are completed.

PERSONAL INFORMATION:

Name: _____ Address: _____

City: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____ Parish: _____

Denomination: _____ Date of Birth: _____

Do you prefer a hoodie or a t-shirt ? Size: Adult S / M / L / XL / XXL

How long have you lived in Alberta? _____

Please give your previous address, if in Alberta less than five years

PLEASE LIST THE POSITION(S) AND CAMP(S) YOU ARE APPLYING FOR:

Position: _____ Camp(s): _____

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Please note: If applying for a position as Counselor-in-Training, we will accept payment of the \$100.00 camp fee once you have received confirmation of acceptance on staff.

THE FOLLOWING IS A LIST OF CAMPS AND THE SCHEDULED DATES: (For descriptions of the camps, please see the camper brochure)

- August 16-22, 2009: Camp Come Alive Junior (Grades 3 & 4)
- August 16-22, 2009: Camp Come Alive Intermediate (Grades 5 & 6)
- July 20-26, 2009: Base Camp, (Grades 7 to 9)
- July 4, 5, 2009 - Camp Explore (Junior and Senior High School)

Do you intend to participate in the summer camps as a camper this year?
YES NO If yes, which camp(s)? _____

MEDICAL INFORMATION:

Please complete the medical information portion of the application. Please print legibly.

Name: _____ Age: _____

Date of Birth : _____ Gender: M F

Alberta Health Care Number: _____

Other Insurance Information: _____

Doctor's Name: _____

Doctor's Phone Number: _____

Emergency Contact Name: _____

Relationship to you: _____

Emergency Contact Number: _____

1. Do you have any ongoing illness? _____

2. Are you currently on or needing any medications? Please list and bring, ***in the original container*** with the original label attached any prescription and ***non-prescription medications*** (Tylenol, Tums, Gravol, herbal remedies, etc.) the participant may need, with written instructions for administering the Medication. _____

3. Do you have asthma or hay fever? How severe? _____

4. Do you have a condition that requires a special diet? _____

5. Are there any conditions, concerns or special instructions we should be aware of? _____

**If there is not enough room on this form,
please feel free to attach additional pages.**

**For those under 18 years of age, please have your parents read
and sign!**

In case of emergency every reasonable effort will be made to contact parents/guardians and then the emergency contact person. In the event I cannot be reached; I hereby give permission to the medical person selected by the camp staff to provide treatment for my child. I state that all relevant and important information is listed below.

Parent/Guardian Signature: _____ Date: _____

EDUCATION:

Institution Attended: _____

Location: _____ Level attained: _____

VOLUNTEER EXPERIENCE:

Describe any current and past volunteer experience, community and church involvement: _____

What do you feel you have to offer the children in our camping program? _____

SPECIAL SKILLS:

Please list any hobbies, interests or special skills that you bring to your volunteer experience? (i.e. musical abilities, first aid, CPR, second language, etc.): _____

OTHER INFORMATION

The Director(s) of the camp(s) you have applied for will be reviewing your application. Is there anything else you would like them to know about you before the personal interviews are conducted? _____

REFERENCES

Please provide names that you have known for two years or more in any of the following capacities: present/past employers, coworkers, volunteer supervisor, parish priest, personal friend or relative. Information for each contact must be complete.

I grant permission to contact any of the following references:

Signature: _____ Date: _____

1) Name: _____ Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Relationship to you: _____

2) Name: _____ Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Relationship to you: _____

3) Name: _____ Address: _____

City: _____ PostalCode: _____

HomePhone: _____ WorkPhone: _____

Relationship to you: _____

I hereby certify that the information on this application form is accurate, and I grant permission to verify any of the above information.

Signature: _____ Date: _____

WAIVERS:

IF THE APPLICANT IS **UNDER 18** AT THE TIME OF CAMP:

I also give permission for photographs/created materials of my child to be used in advertising of the Anglican Diocese of Edmonton Summer Camps.

SIGNATURE OF PARENT/GUARDIAN: _____

Date: _____, 2009

IF THE APPLICANT IS **18 OR OLDER** AT THE TIME OF CAMP:

I also give permission for photograph of me and / or my created materials to be used in advertising of the Anglican Diocese of Edmonton Summer Camps.

SIGNATURE OF APPLICANT: _____

Date: _____, 2009

OVER 18

PLEASE READ CAREFULLY - YOU ARE SIGNING AWAY LEGAL RIGHTS

PLEASE READ CAREFULLY

YOU ARE SIGNING AWAY LEGAL RIGHTS

As a precondition and in consideration of my attendance at and participation in the Activity referred to on the reverse side hereof:

- 1 I acknowledge that the Activity may expose me to foreseeable and unforeseeable risks and dangers which may be inherent in the nature of the Activity or result from human error or negligence on the part of the persons preparing, organizing and leading the Activity.
- 2 I acknowledge that these risks and dangers may result in personal injury or damage to or loss of personal property.
- 3 I assume and accept all of these risks and dangers.
- 4 I release and waive all claims against the Synod of the Diocese of Edmonton, its parishes, and diocesan and parish its employees and volunteers arising out of my attendance at and participation in the Activity.
- 5 I agree to indemnify the Synod of the Diocese of Edmonton, its parishes, and diocesan and parish employees and volunteers for all claims, costs and expenses which any of them may incur as a result of my attendance at and participation in the Activity.
- 6 I understand that I have a right to and am **encouraged to seek independent legal advice before** I sign this Agreement.
- 7 This Agreement benefits and binds the Diocese and me, and our respective heirs, executors, administrators, successors and assigns.

PARTICIPANT'S NAME (if 18 or older)	SIGNATURE	DATE	SIGNATURE OF WITNESS

UNDER 18

PLEASE READ CAREFULLY - YOU ARE SIGNING AWAY LEGAL RIGHTS
PLEASE READ CAREFULLY
YOU ARE SIGNING AWAY LEGAL RIGHTS

As a precondition and in consideration of each Child's attendance at and participation in the Activity referred to on the reverse side hereof:

- 1 I acknowledge that the Activity may expose my Child to foreseeable and unforeseeable risks and dangers which may be inherent in the nature of the Activity or result from human error or negligence on the part of the persons preparing, organizing and leading the Activity.
- 2 I acknowledge that these risks and dangers may result in personal injury or damage to or loss of personal property.
- 3 I assume and accept all of these risks and dangers on behalf of my Child.
- 4 I release and waive all claims against the Synod of the Diocese of Edmonton, its parishes, and diocesan and parish employees and volunteers arising out of my Child's attendance at and participation in the Activity.
- 5 I agree to indemnify the Synod of the Diocese of Edmonton, its parishes, and diocesan and parish employees and volunteers for all claims, costs and expenses which any of them may incur as a result of my Child's attendance at and participation in the Activity.
- 6 I understand that I have a right to and am **encouraged to seek independent legal advice before** I sign this Agreement.
- 7 This Agreement benefits and binds the Diocese and the undersigned, and our respective heirs, executors, administrators, successors and assigns.

PARTICIPANT'S NAME (if under 18)	SIGNATURE OF CHILD'S PARENT OR GUARDIAN	DATE	SIGNATURE OF WITNESS

Before you send this in, have you.....

- Completed all pages of this application, including the required applicant or parent signature and signatures on the Waiver Form?**
- Completed a Police Security Clearance Check (Edmonton residents) or a security clearance from your local RCMP (outside the city) since Spring 2006? If you need help with this please call the Synod Office at 439-7344.**
- Completed a Child Welfare Record Check since Spring 2006?**

When all of the above are complete please

mail your application package to:

Anglican Diocese of Edmonton Summer Camps

10035 – 103 Street

Edmonton AB T5J 0X5

Any questions please call (780) 439-7344.