

2014 Base Camp



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

2014 Base Camp

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 you are applying for: _____

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, herbel 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? _____

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: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

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.

SIGNATUREOF PARENT/GUARDIAN: _____

Date: _____, 2014

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.

SIGNATUREOF APPLICANT: _____

Date: _____, 2014

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 Summer 2011? If you need help with this please call the Synod Office at 439-7344.**
- Completed a Child Welfare Record Check since Summer 2011?**

When all of the above are complete, mail your application package to:

Anglican Diocese of Edmonton Summer Camps

10035 – 103 Street

Edmonton AB T5J 0X5

Questions, call (780) 439-7344