



# First Nations Camp Staff Application

Thank you for your interest in FTC's camp for the First Nations children in Ontario.  
Read the Camp Information Sheet which gives details for  
First Nations Adventure Day Camp.  
Please read through the application and answer all that is applicable.  
Mail your completed application to the address below.  
If you have any questions, please don't hesitate to email at any time.

**FTC Canada**  
**First Nations Camp**  
525 Southgate Dr. Guelph, ON N1G 3W6

519-823-0777 or 1-877-382-2262 • Fax 519-823-9982  
[karen@ftccanada.ca](mailto:karen@ftccanada.ca)



## 2010 CAMP STAFF APPLICATION

**PERSONAL INFORMATION - (Please type or print clearly - fill out form completely)**

Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

In Case of Emergency, please notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Youth Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I attend: \_\_\_ regularly \_\_\_ occasionally \_\_\_ seldom \_\_\_ never

**POSITION DESIRED (Check only one) (please see position descriptions in the info package)**

**Activities Instructor Choices: Swimming, Canoeing, Creative (crafts, drama, music), Sports,**

<input type="checkbox"/> Camp Supervisor <i>(minimum. 25 yrs)</i>	<input type="checkbox"/> Activity Instructor <i>(minimum. 17 yrs)</i>
<input type="checkbox"/> Program Coordinator <i>(minimum. 21 yrs)</i>	___ Swimming – must have current NLS
<input type="checkbox"/> Program Assistant <i>(minimum. 16 yrs by July 30)</i>	___ Canoeing – ORCA or equivalent an asset
<input type="checkbox"/> VBS Leader	___ Sports – soccer, baseball, field hockey, golf
	___ Creative – crafts, music, drama

T-Shirt Size: *(check 1 only) (T-shirts are in men's sizes)*

\_\_\_ Youth Large \_\_\_ Youth XL \_\_\_ Small \_\_\_ Med \_\_\_ Large \_\_\_ XL \_\_\_ XXL

Do you have a valid driver's license?  Yes  No      If yes, which level?  G2  G1  G

Do you have a clean driving record:  Yes  No

**EMPLOYMENT EXPERIENCE**

**(List most recent experience first)**

Employer's Name	Pos. Held	Supervisor	Dates of Employment
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Do you have any previous camp experience? If yes, give details:

**Application cannot be processed without completed reference information**

<b>REFERENCES</b>	Three (3) persons NOT related to you who can judge your qualifications for this position. If you have previous camp staff experience, one reference should be from a camp director or camp administrator.		
Name & Address	Phone	Position/Title	

**CERTIFICATES/LICENSES (Check all that are applicable)**

	I HAVE.....	Expiration Date	I AM WILLING TO GET.....
National Lifeguard			
Bronze Med or Cross			
Boating license			
First Aid			
CPR			

**SKILL AREAS**      **Circle areas in which you have: 1. Interest, 2. Experience, 3. Teaching Ability**

<b>AQUATICS</b>		<b>CREATIVE ARTS</b>		<b>SPORTS</b>	
Canoeing	1 2 3	Jewelry Making	1 2 3	Basketball	1 2 3
Kayaking	1 2 3	Knitting	1 2 3	Boxing/Wrestling	1 2 3
Swimming	1 2 3	woodworking	1 2 3	Volleyball	1 2 3
Water Games	1 2 3	Pottery	1 2 3	Soccer	1 2 3
Water Skiing	1 2 3	Photography	1 2 3	Wide Games	1 2 3
Tubing	1 2 3	Painting	1 2 3	Baseball/Softball	1 2 3
<b>CAMPING SKILLS</b>		<b>MUSIC</b>		Fishing	1 2 3
Backpacking	1 2 3	Song Leading	1 2 3	Golf	1 2 3
Tracking	1 2 3	Play Instrument	1 2 3	Hockey	1 2 3
Maps	1 2 3	<b>DRAMA</b>		Tennis/Badminton	1 2 3
Compass	1 2 3	Acting	1 2 3	<b>MISCELLANEOUS</b>	
Fire building	1 2 3	Puppetry	1 2 3	Computer	1 2 3
Outdoor Cooking	1 2 3	<b>DANCE</b>		Gymnastics	1 2 3
Hiking	1 2 3	Square	1 2 3	Kite Flying	1 2 3
Nature interests	1 2 3	Line	1 2 3	storytelling	

## **A BIT ABOUT YOURSELF**

What God/Creator means to me.....

What I've been learning about myself lately (strengths and weakness).....

I would really like to be part of this team because.....

During this experience I would love to learn.....

Please list any other activities that are of interest to you that may be useful at camp.

List leadership experiences:

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**ALL APPLICANTS**

Failure to complete the following will result in the application being rejected.

Have you ever used illegal drugs? ( ) yes ( ) no

Have you ever been convicted of a criminal offense? ( ) yes ( ) no

Have you ever been charged with child neglect or abuse? ( ) yes ( ) no

Has your driver's license ever been suspended or revoked? ( ) yes ( ) no

Please explain if you answered yes to any of the above: \_\_\_\_\_

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Other than the above, is there any fact or circumstance involving you or your background that would call into question your working with young people? ( ) yes ( ) no

If yes, please explain: \_\_\_\_\_

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**CONDITIONS OF SERVICE:**

**Please read the following conditions. If you accept these conditions and are willing to be subject to the rules governing FTC Camps, please sign below.**

1. The Camp Director reserves the right to dismiss a staff member without notice who in his/her opinion is a hazard to the safety and the rights of others or who appears to him/her to have rejected the reasonable controls of Camp.
2. Staff members will receive a copy of camp Staff Manual. Staff members are required to have read, understand and follow the policies and procedures set out within it. Failure to do so may result in the dismissal by the Camp Director. You will be required to sign the staff agreement and hand it in as acknowledgement.
3. Precautions are taken for the safety and good health of our staff, but in the event of accident or sickness, FTC Canada, including the Camp Directors and their staff, and the employees of facilities outside of the camp ground, are hereby released from any liability. Each staff member must be covered by Provincial Health Insurance or equivalent private medical insurance. Proof of coverage will be required at time of employment
4. In case of medical emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for the staff member as named in this application.
5. In the event that a staff member requires special medication, diagnosis or treatment beyond that which is possible at the camp, family members will be notified and will be charged with the additional expense of transportation and special care.
6. I give permission for FTC CANADA to use any photograph or video of my image for promotional use.
7. I give permission to FTC CANADA to retain the information in the staff application. All information will be kept confidential.
8. I hereby authorize FTC Canada to inquire and to verify any information contained on this application for employment and give permission to contact present and previous employers and additional references listed in this application form.

It is **mandatory for all applicants to have a 'Criminal Record Check**. Please bring a completed one to the interview (*check may be from 2008, 2009 or current year*).

I understand that making any misleading or untruthful statement on this application may result in my dismissal without notice.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_