



2009 Summer Staff Application



All summer staff at Camp Kahquah must complete an application - Insurance Requirements

Application Process

1. Complete the application in full being sure to have all forms signed appropriately
2. Complete the Medical Form being sure to enter your Health Card number
3. Return the Application and Medical form to Kahquah Summer Camp - 621 Rosehill Rd, Fort Erie, ON, L2A 5M4
4. After your application and references have been reviewed, you will receive notification and further instructions
5. Attend Staff Orientation week: June 28 - July 4 at Camp Kahquah

General Information

I do not wish my address to be given to staff or campers

| | | | | | | | |
|--|--|-------------|-------|--|--------------|---|-----------|
| Last Name: | | First Name: | | Sex: M <input type="checkbox"/> F <input type="checkbox"/> | | Birthdate: <u> </u> / <u> </u> / <u> </u> <small>M D Y</small> | |
| Address: | | | City: | | Postal Code: | | Province: |
| Home Phone #: () | | Email: | | SIN: | | | |
| T-Shirt Size: Youth XL <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> | | | | Previous number of Weeks on Staff at Kahquah : | | | |

Emergency / Medical Information

| | | | |
|---|--|-----------------------------------|---------------------------|
| Emergency Contact: | | Relationship to Applicant: | |
| Contact Daytime / Work #: () | | Contact Evening / Home #: () | |
| Alternate Contact: | | Daytime / Work #: () | Daytime / Work #: () |
| Health Card #: | | Family Doctor: | Phone: () |
| Please list any limitations that would affect your service at Camp Kahquah: | | | |

Church Information

| | | | |
|----------------|--|----------------------------|--|
| Home Church: | | Denomination (if not BIC): | |
| Pastor's Name: | | Phone #: () | Attend: <input type="checkbox"/> Regular <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom |

Staff Commitment

I have an active and growing relationship with Jesus Christ and desire to serve Him through the Christian camping ministry at Camp Kahquah. If accepted as a staff member at Camp Kahquah, I understand that during my stay at Camp I am under the authority of those in leadership positions, and I will respect that authority. I understand that I am expected to maintain a Christian witness in word and action before all my campers, peers and leaders. I will therefore refrain from smoking, drinking alcoholic beverages, and use of illegal drugs. I understand that this applies to time off as well as time on camp property. I understand and agree to abide by the policies and Camp rules set out and to complete my assigned tasks meeting the standards placed before me and to the satisfaction of my supervisor. I understand that any false information, omissions, or misrepresentation of the facts called for in this application may result in the rejection of my application or my discharge at any time during my service.

Signature: _____ Date: _____

I am Available for:

| | |
|-------------------------------------|------------------------------------|
| Staff Orientation: June 28 - July 4 | Family Camp Week 1: August 1 - 8 |
| Nova: July 5 - 11 | Family Camp Week 2: August 8 - 15 |
| Quest: July 12 - 18 | Family Camp Week 3: August 15 - 22 |
| Blaze: July 19 - 25 | Grad Camp: August 23 - 29 |
| Summit: July 26 - August 1 | Bravo: August 23 - 29 |

Ministry Areas

Please indicate by numbering the top five areas of service you would be most interested in leading or helping out with. Note: This will be used as a guideline only. All staff must be prepared to work in areas as needed.

| | | | |
|------------------------|-------------------------|--------------------|-----------------|
| Cabin Leader | Canoeing | Fishing | Mountain Biking |
| Assistant Cabin Leader | Kayaking | Drama | Assistant Cook |
| Archery | Initiative Ropes Course | Land Sports | Kitchen Staff |
| Crafts | Climbing Wall | Wilderness Studies | Maintenance |
| Lifeguard | Waterskiing / Kneeboard | Music / Worship | Out-trips |

Experience

If you check the "Competent to Teach / Lead" box of any given skill area, you should be able to document this qualification

| Category | Competent Teach / Lead | Some Experience | Interested in Learning | Category | Competent Teach / Lead | Some Experience | Interested in Learning |
|------------------|------------------------|-----------------|------------------------|-----------------|------------------------|-----------------|------------------------|
| Cabin Leader | | | | Waterskiing | | | |
| Archery | | | | Fishing | | | |
| Crafts | | | | Drama | | | |
| Canoeing | | | | Land Sports | | | |
| Kayaking | | | | Wilderness | | | |
| Initiative Ropes | | | | Music / Worship | | | |
| Climbing Wall | | | | Mountain Biking | | | |
| Lifeguard | | | | Out-tripping | | | |
| Head Cook | | | | Assistant Cook | | | |

References

Please give the names of two references from adults (**NOT family members or just friends**) who know you in specific areas of your life (eg. Church, School, Work). One of these references must know you in a Church / Christian context. If necessary, these references may be asked to fill out a formal reference form for you. By signing this application you are granting permission for these individuals to release information to Camp Kahquah concerning your character, employment performance, skills, competence and/or general ability. Remember to ask these people if you can use their names as a reference for you.

| | |
|----------------------|----------------------|
| Name: | Name: |
| email: | email: |
| Phone #: () | Phone #: () |
| Relationship to you | Relationship to you |
| Best Time to Contact | Best Time to Contact |

Conditions of Enrollment

1. The Camp Director reserves the right to dismiss a staff member (volunteer or otherwise) who is in his/her opinion a hazard to the safety and rights of others, or who appears to him/her to have rejected the reasonable controls of the camp.
2. Every precaution will be taken to ensure the health and safety of the staff worker, but in the event of an accident, loss, personal injury or misfortune that may occur to the applicant, the Canadian Conference of the Brethren In Christ, Camp Kahquah, the Board of Directors, staff members, employees, or facilities outside of the camp grounds are hereby released from any liability. Each staff person must be covered by Ontario Health Insurance or equivalent medical insurance.
3. In the event that a staff worker requires special medical, x-ray or treatment beyond that which is available at Camp, the signature of the staff person (or parents/guardians if under 18) on this registration shall give the Camp Director and/or the Nurse the right to arrange for any special services and/or medical attention necessary for the staff person's welfare and good health. In such a situation, the Camp will attempt to notify the emergency contact (parents/guardians if under 18) as soon as possible. The staff person (parents/guardians if under 18) are responsible for any additional expense that may result from such services.
4. The staff worker (parents/guardians if under 18) agree to permit the use of any likeness of the applicant staff worker in promoting the Camp or its activities and programs.
5. The staff worker may on occasion (when not required to be in attendance at Camp Kahquah) leave the grounds of Camp Kahquah. I understand that all of the above information also pertains to such activities (either on or off site) that are not directly related to camping.
6. By signing this application to come to Camp Kahquah as a staff worker, I acknowledge that I have been made aware (by the accompanying literature), of specified uses of information collected herein and I hereby authorize Camp Kahquah to collect, use and disclose the personal information herein for the aforementioned purposes.

Lifestyle

In order to provide a safe and secure environment for our children, we believe it is necessary to include the following questions as part of our application process. All information will be kept strictly confidential. (Police may access this information under warrant, if requested.) Answering "yes" to any of the questions may not necessarily preclude your involvement in ministry. A meeting will be arranged with the appropriate person/people so that you may discuss the circumstances. Thank you in advance for your understanding

If any of the following circumstances apply to you, please check

- 1. Have been convicted of a criminal offense involving children
- 2. Have been convicted of a sexually related crime
- 3. Have been convicted of an abuse related crime
- 4. Have been hospitalized or treated for alcohol or substance abuse
- 5. Have any communicable disease
- 6. In treatment for any form of mental illness

I have had a recent (within 2 years) Police Reference Check YES NO Location: _____

Do you have any physical conditions that would prevent you from performing certain types of activities? If so, please explain.

Applicant's Statement

I hereby acknowledge that the information contained in this application for ministry is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for children's ministry, and I release all such references from liability for any damage that may result from furnishing such evaluation to you. I also grant my permission for The Brethren in Christ Church to perform a personal Criminal Record Check for the purpose of my protection against any false allegations and for the protection of those I serve. I consent to such an investigation with the understanding that the results will be kept in extreme confidentiality. I further agree to adhere to the Children and Youth Ministry Guidelines as adopted by The Brethren in Christ Church.

Also, I have read this application form and I accept the conditions of acceptance as outlined above by my signature herein.

Staff Worker (please print clearly) _____

Signature of Staff Worker

Date

Signature of Parent/Guardian (if staff worker is under 18)

**Please return the completed Application and Medical form to:
Kahquah Summer Camp – 621 Rosehill Rd, Fort Erie, ON, L2A 5M4**



2009 Staff Medical Form

Please complete a separate application form for each staff applicant - PLEASE PRINT
Form must be complete and signed by Parent/Guardian or Applicant (if 18 years of age)

Name: (Last) _____ (First) _____ Male Female

Ontario Health Card Number: _____

Address: _____

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

Home Phone Number: (_____) _____ - _____ Date of Birth: ____ / ____ / ____
Month Day Year

Parent / Guardian Work Phone Number: (_____) _____ - _____

Parent / Guardian Work Phone Number: (_____) _____ - _____

Emergency Contact (Other than Parent): _____ Relationship: _____

Phone Number of Emergency Contact: (_____) _____ - _____

Family Doctor: _____ Phone: (_____) _____ - _____

Medical History

- Diabetes
- Heart Trouble
- Asthma
- Epilepsy
- Kidney Trouble
- Bed Wetting
- Sleepwalking
- Fainting
- Other: _____

Please give any relevant details for nurse

Allergies

- Hay Fever
- Eczema
- Bee Sting
- Food
- Drug
- Other: _____

Please give specifics and list any other allergies

Regular Medications

Medication: _____

Dosage: _____

Times Taken: _____

Medication: _____

Dosage: _____

Times Taken: _____

Please note that when living in the same building as campers, staff will be required to turn in personal medication to the camp nurse. All medications must come in their ORIGINAL container. Prescription medication must be for the staff worker indicated on the label and all labels must have proper dosages detailed. Any outdated medications or those not in their original containers will NOT be administered to staff workers while they are under the supervision of Camp Kahquah.

Food Allergy Policy: Our desire is to create a safe environment for everyone. We will make reasonable efforts to ensure that staff will not have a food allergy attack while at Camp Kahquah. While we are not a peanut-free location, our policy is to reduce the use of peanut products during NOVA. During the other weeks, our goal is to help those on site to self-manage their condition. For more information call 705-387-3923.

By my signature, I declare that the medical history attached is complete and accurate and I give my permission for a physician selected by the appointed Camp Director to hospitalize, secure proper treatment for, and to order injection, anaesthesia or surgery for the above named in the event of a medical emergency and for the family doctor to be contacted in such a case.

Signature of Parent/Guardian _____ Date Signed: _____

(or staff applicant if 18 years of age or over)