



### 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 Camp Kahquah 1230A Nipissing Rd, Magnetawan, ON. P0A 1P0
4. After your application and references have been reviewed, you will receive notification and further instructions
5. Staff Orientation week: June 24 - June 29 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"/>	Birth date: <u>   </u> / <u>   </u> / <u>   </u> M D Y
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 c e l l # / 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 24 - June 30	Family Camp Week 1: July 28 - August 4
Nova: July 1- 7	Family Camp Week 2: August 6- 11
Quest: July 8- 14	Family Camp Week 3: August 11- 18
Blaze: July 15 - 21	Bravo & Grad Camp: August 19 - 25
Summit: July 22 - 28	Zenith: August 26 - 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	Housekeeping	Land Sports	Kitchen Staff
Crafts	Climbing Wall	Wilderness Studies	Maintenance
Lifeguard	Water skiing / Kneeboard	Music / Worship	Canoe 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				Water skiing			
Archery				Fishing			
Crafts				Drama			
Canoeing				Land Sports			
Kayaking				Wilderness			
Bible				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 Enrolment

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 offence 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. Currently being treated for a condition that could affect my role at camp

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:  
Camp Kahquah – 1230A Nipissing Rd, Magnetawan, ON, P0A 1P0  
Fax - 705-387-0045**



**2012 Medical Form**  
**Please complete a separate application form for each camper - PLEASE PRINT**  
**Form must be complete and signed by Parent/Guardian or Applicant (if 18 years of age)**

Camper's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ • Male • Female

Ontario Health Card Number: \_\_\_\_\_

Camper's Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year

Parent / Guardian Name: \_\_\_\_\_ Work /Cell Phone Number:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Work /Cell Phone Number : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact (Other than Parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number of Emergency Contact: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Medical History**

- Diabetes       Kidney Trouble
- Heart Trouble     Bed Wetting
- Asthma         Sleep Walking
- Epilepsy        Fainting

**Allergies**

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

<b>Please provide any necessary relevant details for the nurse:</b>

<b>Please list other medical conditions or allergies</b>

**Prescription Medications**

Medication	Dosage	Times Taken

Important Note: All medications must come in their ORIGINAL container. The camp nurse is responsible for both storing all medications in a locked cabinet as well as administering them. Prescription medications must be for the child 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 any campers while they are in the care of Camp Kahquah. The camp must be notified in writing if the camper is exposed to any communicable disease during the 4 weeks prior to camp, or if the camper's medical status changes

**Food Allergy Policy:** Our desire is to create a safe environment for children. We will make reasonable efforts to ensure that your child does 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 children self-manage their condition. For more information or concerns call the camp at 705-387-3923.

Are there any activities at camp in which the applicant should NOT participate?  
 \_\_\_\_\_  
 \_\_\_\_\_

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 my child named above 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 applicant if 18 years of age or over)**