

# **Knox Adventure Camps**

## **Camp Volunteer Staff Application Package**

Thank you for your interest in applying for a volunteer position at Knox Adventure Camps. This package contains the following:

- Minimum criteria for camp volunteer staff
- Positions available
- Application Form for camp volunteer position
- Dates for 2007
- Our Mission Statement
- Behaviour expectations for camp volunteers
- 2 Reference Forms

Please read the material carefully, then complete and hand in the application form to Jessica Sharpe (Knox Adventure Camps Director) and give the reference forms to your two reference persons.

Knox Adventure Camps  
Att'n: Sara Locke  
630 Spadina Avenue  
Toronto ON M5S 2H4  
(416.921.8996)  
knoxcamp@knoxtoronto.org

### **Minimum Criteria for Camp Staff**

1. Willing to be a servant of God, and actively growing in Christ.
2. Steady involvement in a Bible-believing, Bible-teaching church.
3. Agreement with the mission, philosophy, and goals of Knox Adventure Camps:
  - to challenge children physically with an active program
  - to confront children with Biblical values and truth
  - to provide an environment for social interaction between staff and participants
  - to stimulate the minds of children to learn more about our world
4. Above moral reproach, sowing Christ in lifestyle, and able to show Christian attitudes under stress.
5. Active development of leadership skills.
6. Keen interest in working with children.
7. Emotional maturity.
8. At least 17 years of age as of December 31 of this year.

# Knox Adventure Camps

Application for Camp Volunteers

**Knox Adventure Overnight Camp**  
**Sunday August 17<sup>th</sup> – Saturday August 23<sup>th</sup> 2008**  
**@ Camp Northlands, Haliburton**

### Personal Data

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

Street \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(M D Y)

Phone \_\_\_\_\_ Pager/Cell \_\_\_\_\_ Email \_\_\_\_\_

Health Card # \_\_\_\_\_  
Numbers \_\_\_\_\_ Letters \_\_\_\_\_

Church \_\_\_\_\_

School \_\_\_\_\_ Current Grade/Year \_\_\_\_\_ Course \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Camp Position Applying For \_\_\_\_\_

### Christian Life

What involvement have you had with your home church this past year?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your relationship with Christ. How are you developing it?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What difference is your faith making in your life now?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your strengths? How will you use them in the camp program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your weaknesses? How will camp service help you overcome them?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Camp experience and skills**

Indicate your experience as a camper:

<u>Camp</u>	<u>Year</u>	<u>Duration</u>
e.g. Knox Adventure Camp Day Camp	1995/96	4 weeks

Indicate your experience as a member of camp staff:

<u>Camp</u>	<u>Year</u>	<u>Duration</u>

What qualifications and/or experience do you have in the following areas:

First Aid/CPR _____	Bible Study Leader _____
Swimming _____	Music _____
Lifeguard _____	Song Leader _____
Canoeing _____	Drama _____
Kayaking _____	Crafts _____
Windsurfing _____	Sports _____
Mountain Biking _____	Group Games _____
Low Ropes _____	Nature _____

What experience do you have working with children?

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What work experience have you had other than in camping?

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Why do you want to volunteer at Knox Adventure Camp?

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New volunteer \_\_\_\_\_ Returning volunteer \_\_\_\_\_ Last Position/year \_\_\_\_\_ / \_\_\_\_\_

What position are you applying for? \_\_\_\_\_  
 (Cabin-Leader, Section Head, Program Director, Head Lifeguard, Lifeguard,  
 Activity Leader/Asst.: e.g. Canoeing, kayaking, crafts, high/low ropes, biking, woodworking)

Cabin leaders: what age group would you prefer to work with?

Juniors (6-9) \_\_\_\_\_ Intermediates (10-12) \_\_\_\_\_ Seniors (13-15) \_\_\_\_\_

## References

**New Volunteer** Fill in your name and the position you are applying for on each of the Reference Forms.  
 Give the Reference Form and envelope to your two references.  
 They return it to you, sealed, for inclusion with your application.

**Returning Volunteer** Provide the names of two people who are familiar with you in your current situation.

### 1. Teacher/Employer:

Name \_\_\_\_\_ Connection to you \_\_\_\_\_

Street \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_

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

### 2. Christian Leader:

Name \_\_\_\_\_ Connection to you \_\_\_\_\_

Street \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_

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

## Police Check Policy

**To protect the children in our care, we ask the following questions of all staff:**

Do you have a criminal record involving physical or sexual abuse of children?

Yes  No  decline to answer

Have you ever been investigated by any police force of Children's Aid Society regarding child abuse?

Yes  No  decline to answer

In connection with my application, I hereby authorize the appropriate police force to make such investigation of its records and make inquiries of other police forces as it may consider appropriate. I also authorize said police force to advise Knox Adventure Camps whether or not such sources contain information which, in the opinion of the police force, may be relevant to my application.

**Note: Employment and/or acceptance as a volunteer is conditional on passing a police check.**

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date (M/D/Y)

## Knox Adventure Camps

### Our Mission Statement

**Ministry to Campers:** To share the message and love of Jesus Christ to the youth, families and friends of Knox church and the surrounding neighbourhood through a well-rounded, Bible-centered camping experience/program, and through the leaders/lives and example.

**Developing Leaders:** To develop and encourage adult and youth servant-leadership for our Lord Jesus Christ, and to build bridges with these leaders into the ongoing ministry of Knox Church.

**Supporting Other Churches:** To come alongside other churches by inviting and supporting youth leaders as they accompany their youth to our Christian Camp.

### Behavioural Expectations for Camp Staff/Volunteers

As Christian leaders, the example you set is vitally important. Your consistent, moral, loving actions and words earn a hearing for biblical teaching, confirm your teaching, and provide a model for the young Christian campers. By accepting a position at Knox Adventure Camp, you agree to conform to the following standards:

1. All staff/volunteer members will conduct themselves both on and off camp property in a manner that maintains the high reputation and good will of Knox Adventure Camp.
2. Male staff/volunteer members will not be in the girls' sections, nor female staff/volunteer members will be in the boys' sections (ie washrooms, cabins, etc.)
3. No staff/volunteer members shall bring to camp, accept, or use any alcohol, tobacco products, or recreational drugs.
4. No staff/volunteer member will take part in any activity that acts to the detriment of the camp, campers, or personnel.

## Knox Adventure Camps Medical Questionnaire

Name \_\_\_\_\_ Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Year

In emergency, contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Dr.'s Phone (\_\_\_\_) \_\_\_\_\_

Health Card No. \_\_\_\_\_ numbers \_\_\_\_\_ letters

Indicate which of the following the camper has had:

Chicken Pox \_\_\_\_ German Measles \_\_\_\_ Diphtheria \_\_\_\_ Tonsillitis \_\_\_\_  
Rheumatic Fever \_\_\_\_ Mumps \_\_\_\_ Red Measles \_\_\_\_

Does the camper experience any of the following conditions with any degree of frequency?

Sore Throats \_\_\_\_ Convulsions \_\_\_\_ Allergies \_\_\_\_ Tonsillitis \_\_\_\_  
Fainting \_\_\_\_ Skin Rashes \_\_\_\_ Colds \_\_\_\_ Headaches \_\_\_\_  
Asthma \_\_\_\_ Ear Aches \_\_\_\_ Nosebleeds \_\_\_\_ Hay Fever \_\_\_\_  
Toothaches \_\_\_\_ Stomach Aches \_\_\_\_

Has the camper ever received a full course of immunization against:

Diphtheria \_\_\_\_ Tetanus \_\_\_\_ Polio (DPTP) \_\_\_\_ Whooping Cough \_\_\_\_

When was the last booster shot? \_\_\_\_\_

Has the camper been immunized against:

Measles \_\_\_\_ Mumps \_\_\_\_ Rubella (German Measles) \_\_\_\_

Has the camper ever had a serious accident, illness, or operation? If so, please describe: \_\_\_\_\_

Is the camper allergic to any drugs? Please provide details: \_\_\_\_\_

For the following three questions, please provide details on a separate sheet of paper.

Does the camper require any medication or treatment while at camp? Yes \_\_\_\_ No \_\_\_\_

Is there any food which the camper cannot eat because of allergies or other medical problems? Yes \_\_\_\_ No \_\_\_\_

Are there any other food restrictions of which the camp should be aware? Yes \_\_\_\_ No \_\_\_\_

Is there anything special of a medical nature which the camp or nurse should know about the camper? \_\_\_\_\_

Do you consider the camper to be physically fit? Yes \_\_\_\_ No \_\_\_\_

Is the camper able to participate fully in all camp activities without restriction? Yes \_\_\_\_ No \_\_\_\_

If no, please indicate restrictions on a separate piece of paper.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

Parent/Guardian's SIGNATURE (if Applicant is under 18) \_\_\_\_\_

Knox Adventure Camp recommends that everyone have a medical examination by a doctor no more than one month before camp and a written report forwarded to the nurse.

## Reference Form 1

## Knox Adventure Camps

### Reference for Camp Volunteer Applicant

**To be completed by applicant before giving form to reference person:**

Applicants Name \_\_\_\_\_ Position applied for \_\_\_\_\_

The individual named above has applied for a volunteer position at Knox Adventure Camp. Please complete this form, seal it in the envelope, and give it back to the applicant, who will submit it with his/her application. The deadline for applications is:

How long have you know the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

On a scale of 1 to 5 (1 being poor and 5 being excellent), please indicate how well each characteristic applies to the applicant:

Honest _____	Hardworking _____	Sense of humour _____	Relates well to children _____
Punctual _____	Enthusiastic _____	Cooperative _____	Relates well to peers _____
Self-managed _____	Energetic _____	Trustworthy _____	Accepts Criticism Well _____
Creative _____	Conscientious _____	Takes Initiative _____	Possess Integrity _____
Patient _____	Responsible _____	Adaptable _____	Caring / Sensitive to others _____

Since **leadership development** is one of our goals, please comment on the applicants' strengths and areas for growth:

Strengths \_\_\_\_\_

\_\_\_\_\_

Areas for growth \_\_\_\_\_

\_\_\_\_\_

What personal values does that applicant demonstrate to be most important to him/her? Please comment:

\_\_\_\_\_

\_\_\_\_\_

Would you consider the applicant mature enough to entrust your children or children close to you to his/her care? Please comment: \_\_\_\_\_

\_\_\_\_\_

May we phone you for further information? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date ( M / D / Y )

Thank you for you assistance. Sincerely Sara Locke (Knox Camp Director) (416.921.8996)

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 \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_

May we phone you for further information? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date ( M / D / Y )

Thank you for you assistance. Sincerely Sara Locke (Knox Camp Director) (416.921.8996)