



VANCOUVER ISLAND PRESBYTERY CAMPS  
STAFF APPLICATION FORM

Please complete all portions of the application. If you have worked at Camp VIP in the last 2 years, you do not need to renew your references. Applications must be accompanied by a Criminal Record Check (over 18 yrs). These documents may be reviewed for accreditation. Submit to info@campvip.net or CAMP VIP 531 Herbert Street Duncan, BC V9L 1T2

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ PC \_\_\_\_\_ Phone \_\_\_\_\_ Cell

# \_\_\_\_\_

Gender F M Birth date \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

*(16 yrs old in calendar year to counsel at Junior Camp/18 yrs old in calendar year to counsel at Teen Camp)*

\*TRAINING REQUIREMENT: Counselling staff are required to complete some training program components prior to arriving at camp, depending on previous training, experience and education. You will receive the information by email or mail, to complete and bring to camp with you. Materials will be reviewed at camp.

Church and/or youth group affiliation \_\_\_\_\_

Camps you are applying for

Junior  LIT Leader  arrive 2:30 pm July 4<sup>th</sup>-depart 3:00 pm July 10<sup>th</sup>

Family Camp Host  arrive 1:00 pm July 30<sup>th</sup>-depart 11:00 am Aug 2<sup>nd</sup>

Teen Camp  Bible Breakaway Leader  arrive 2:30 pm Aug 29<sup>th</sup>-depart 3:00 pm Sep 5<sup>th</sup>

B-U-G Leader  Fall 2010 (dates/times TBC)

T-shirt size (please circle one) YS YM YL AS AM AL AXL XXL

Swimming Ability (check applicable box below if badge level unknown) Indicate badge/level \_\_\_\_\_

Non-swimmer  Swim but require supervision  Swim well

Care Card# \_\_\_\_\_

Doctor's Name \_\_\_\_\_ DR's phone

# \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Telephone #(s) \_\_\_\_\_

Health/Emotional challenges (please describe) \_\_\_\_\_

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Allergies/Reactions/Treatment (include food, chemical, environment)

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Are immunizations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain

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Any recent illnesses/injuries/hospitalizations: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe

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Dietary Restrictions e.g. vegetarian/  
vegan \_\_\_\_\_

Medication: \_\_\_\_\_ Medication: \_\_\_\_\_  
Dose: \_\_\_\_\_ Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_ Frequency: \_\_\_\_\_

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Prescribed for: \_\_\_\_\_ Prescribed for: \_\_\_\_\_

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(Attach separate sheet if needed)

Describe any limitations that could affect your camp experience

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## EDUCATION & EXPERIENCE

Education: Secondary and/or Post Secondary; including any current certificates  
e.g. First Aid, CPR, Aquatics, Leaders In Training, Babysitters Training:

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Experience: List your experiences as a volunteer working with children, youth, adults, whether for a church, camp or other organizations.

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Please answer the following questions:

1) Why do you want to be part of Camp VIP this summer?

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1) Tell us about a leader who has been an inspiration to you in the last year.

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1) Tell us about one gift that God has given you.

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1) Tell us how you will prepare yourself to serve at Camp VIP this summer.

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Authorization for Hospitalization/Treatment:

Your signature below signifies that you/your child is in good health and to your knowledge he/she has not been in contact with any communicable diseases within the past month.

*"I hereby give the Camp Nurse and/or authorized staff permission to intervene in case of medical emergency and I consent to have me/my son/daughter/ward treated at a recognized hospital. I have indicated the name, and phone number of a designate whom I authorize to take responsibility, should it may be necessary."*

It is customary for e-mail to be distributed and pictures to be taken at Camp VIP. By checking the box below you...

...authorize Camp VIP to use pictures in its' promotional materials, and presentations, on [www.campvip.net](http://www.campvip.net).

...authorize Camp VIP to distribute pictures among campers & staff.

...authorize Camp VIP to distribute e-mail addresses for follow-up contact.

I agree to the use of pictures of me/my child or my/his/her e-mail to be used for any of the above.

The use and/or possession of any tobacco, drugs, alcohol and/or weapons while under the supervision of Camp VIP are strictly prohibited. Any infraction will result in staff being sent at expense.

If I am accepted to work at Camp VIP, I can be depended on to cooperate with the Director and other leaders and be subject to camp policies, procedures and routines. I will assist to the best of my ability in maintaining the ideals and Christian emphasis of the camp.

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

For those under 21: Important!

We (I) give consent for our (my) son/daughter to volunteer at Camp VIP this summer.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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REFERENCE FOR CAMP VIP STAFF – This information is kept strictly confidential

Name: \_\_\_\_\_

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

Updated May 2009

Phone: \_\_\_\_\_ Person being referenced: \_\_\_\_\_

Please use a separate sheet of paper to answer the following:

1. How long have you known this person?
2. In what capacity have you known this person?
3. Describe his/her skills/gifts working with children/teens
4. Do you have any concerns about this person working with children?
5. Do you have any knowledge of this person's behaviour, attitude, or emotions that might cause a parent to worry about this person caring for his/her children? If so please explain.

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

REFERENCE FOR CAMP VIP STAFF – This information is kept strictly confidential)

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Person being referenced: \_\_\_\_\_

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5. Do you have any knowledge of this person's behaviour, attitude, or emotions that might cause a parent to worry about this person caring for his/her children? If so please explain.

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

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