



Staff Application

Please print or type

Application must be returned by **July 1st** Date_____

Name (last) _____ (First) _____ (MI) _____

Address_____

City_____Prov._____Postal Code_____

Telephone (_____) _____ Email _____

Work telephone (_____) _____

T-Shirt size (circle one) Small Medium Large X Large XX Large XXX Large

Are you at least 18 years old? ____ yes ____ no Are you 21 or older? ____ yes ____ no

Do you have any disabilities which may prevent you from accepting responsibility for the Well being of children? ____ yes ____ no.

If you answered "yes" do you have any specific suggestions at how we can accommodate

Your disability? _____

Camp Experience

Camp Name: _____

Address: _____

Dates: _____ Position Held _____

State your responsibilities: _____

Staff Application (continued)

References

Names	Address	Phone
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

Position Applied for:

Counselor _____ Food Services _____ Support Worker _____

Are you qualified to teach a particular skill such as swimming, sports, arts and crafts

etc ____? Please explain: _____

Can you commit to the entire length of camp? ____ yes ____ no.

If you answered "no" what dates are you available? _____

Please write a brief biographical sketch, use an additional sheet if necessary.

In Case of an emergency at Camp. Please advise a contact person:

Name: _____ Phone (____) _____

I certify that I have made application to the **Atlantic Burn Camp**, and hereby declare that the Information provided by me in this application is true, correct, and complete to the best of my Knowledge I understand that any misstatement or omissions of fact shall be considered Cause for dismissal. I also grant the release of any information which maybe helpful to the Personal committee in an investigation of my background.

Signature: _____

Date: _____