

SUMMER MISSIONARY APPLICATION FORM

Questions? Phone: 1-888-960-2580

PLEASE PRINT when filling out the following fields.

First Name: _____ Last Name: _____

Sex: Male Female Address: _____

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

Birth Date (mm/dd/yy): ____/____/____ Email Address: _____

Work Phone: () _____ - _____ Cell: () _____ - _____ Home: () _____ - _____

What position are you applying for? _____

What Ministry point are you applying to? Galilean Bible Camp and Conference Centre

Dates Available: From _____, 20____ Thru _____, 20____

Exceptions to Dates above: _____

Primary Language: _____ Secondary Language: _____

Where did you hear about us? _____

What church do you attend? _____

FAITH JOURNEY

1) Why do you want to work at camp?

2) Briefly describe your salvation experience ie. How did you become a Christian? When?

3) How would you explain the way of salvation and lead someone to Christ? Please include scripture:

4) Describe your current relationship with the Lord:

5) Describe your current devotional and prayer life:

6) What is God currently teaching you?

7) What are your strengths and talents? (Don't be modest)

8) In what areas do you feel you need further growth/development?

9) What is your current /past involvement with church? How often do you attend?

10) List your hobbies and interests.

HISTORY

Do you have a criminal record? Yes No

If you answered "yes" to the above question, please specify:

Do you have any experience at camp? If you have experience at a One Hope Canada camp please state which camp.

Please list all Schools, Colleges and/or Universities you have attended (include dates):

EXPERIENCE A

Please circle the level of experience/certificate you have in the following. (0=none, 1=low, 5= high)

	VALUE	CERTIFICATE
Archery	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Camping Skills	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Canoeing	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand Crafts	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Horsemanship	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lifeguard	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Instruction	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outdoor Cooking	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drama	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Climbing Wall	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recreation Leadership	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overnight	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Campouts/Cookouts	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waterski/Wake Boarding	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basketball/Volleyball/Soccer	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mountain/BMX Biking	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Riflery/Pellet Guns	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Golf	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skateboarding	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No

List any certificates you have in reference to the above options:

EXPERIENCE B

Do you have a Pleasure Craft Operator card? Yes No

Do you have a Lifeguard Bronze Cross? Yes No

Do you have a Lifeguard NLS Certification? Yes No

Do you have Lifeguard WSI Certification? Yes No

Do you have First Aid Training? Yes No

If you have First Aid Training, please list who you received your training from and what level (eg. Red Cross, St Johns Ambulance etc)

Do you have a WHIMIS Certification? Yes No

Do you have CPR Training? Yes No

If you answered "yes" to CPR Training, from where and what level?

What date does your CPR Certificate expire? _____

Do you hold a valid POL License? Yes No

Do you hold a valid PAL License? Yes No

Do you play an instrument? Yes No

If you do play an instrument, please list what instrument(s):

Can you bring it to camp? Yes No

Do you have a Food Handlers Certificate? Yes No

If "yes", what date does it expire? _____

MEDICAL HISTORY

Health Care Number: _____ Expiration: _____

Yes No Do you suffer from any physical or emotional condition? (Optional)
If you answered yes, please explain the physical/emotional condition:

Yes No Have you been treated for any medical condition in the past twelve months? (Optional)
If you answered yes, what medical condition were you treated for?

Yes No Do you have any allergies? If you answered yes, please list your allergies: _____

Yes No Do you have any dietary restrictions? If so, list them: _____

Emergency Contact Name: _____

Emergency Contact Phone 1: () _____ - _____ Emergency Contact Phone 2: () _____ - _____

I declare all this information to be accurate to the best of my knowledge. I hereby authorize One Hope Canada access to information with respect to my person from Police/Child Abuse registry files. I have read and agree with One Hope Canada's Statement of Faith and Code of Conduct (available at www.onehopecanada.org/careers).

I give permission for my child to serve at camp this summer and am aware that my child is free to leave camp property with other staff during the weekends when camp is not in session. (applicable only if applicant will not be 18 at the start of their time at camp)

References: I hereby provide the names and full addresses of my references over 25 years of age that are not relatives. (Incomplete addresses hold up the application process). I have informed my references that I have used their name and asked that they provide a quick response.

Name: _____ Relationship: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Phone: () _____

Name: _____ Relationship: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Phone: () _____

Name: _____ Relationship: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Phone: () _____

Date: _____, 20____ (mm/dd/yy) Signature: _____

Parent/Guardian Signature (if applicable): _____

**FOR OFFICE
USE ONLY**

Received by: _____

Date received: _____

Application Year: _____