

STAFF APPLICATION FORM

Name: _____

Address _____

Phone: (____) _____ Email: _____

Birthdate: (d/m/yr) _____ Alberta Health Care number: _____

Allergies or Medical Conditions? _____

Emergency Contacts: Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

Position applying for: _____ Camps and Dates Available for: _____

Present Occupation: _____ Home church: _____

Camp Experience: (Names and years of camps, most recent first) _____

Experience or training that would be helpful in your job at camp: _____

Your hobbies, sports, crafts, skills and activities: _____

Swimming or Lifesaving Certificates (*include photocopies*) _____

First Aid Certificate (*include photocopies*) _____

References: (for example - employer, minister, teacher, former camp director, etc.)

1. Name _____ Phone _____

Occupation _____ Relationship _____

2. Name _____ Phone _____

Occupation _____ Relationship _____

All applicants (18 yrs and over) will be required to obtain a Police Record Check for Service with the Vulnerable Sector from the local RCMP.

Please mail or fax completed form by **May 15th** to Barb McArthur, Box 426, Sedgewick, AB T0B 4C0 Fax: (780) 384-3693 Phone: (780) 384-3694 Email: hlucc@yahoo.com Website: <http://hardistylake.anwc.net>

Signature _____ Date _____