

Camp Tulahead

WEEKLY VOLUNTEER STAFF 2018 APPLICATION

Complete and mail to:

Camp Tulahead – Volunteer Staff, Box 1272, Princeton, BC, V0X 1W0 or Fax to: 250-295-6233 or email to staff@camptulahead.com

General Information:

Name: _____ Sex: M ___ F ___

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: (_____) _____ Date of Birth: m ___ /d ___ /y ___

Email Address: _____

S.I.N. #: _____

Medical #: _____

Date and Type of Service:

Please check the appropriate week(s):

- | | |
|---|---|
| <input type="checkbox"/> July 1-7 (11-12 year olds) | <input type="checkbox"/> August 5-11 (7-10 year olds) |
| <input type="checkbox"/> July 8-14 (8-10 year olds) | <input type="checkbox"/> August 12-18 (13-14 year olds) |
| <input type="checkbox"/> July 15-21 (13-14 year olds) | <input type="checkbox"/> August 19-25 (15-17 year olds) |
| <input type="checkbox"/> July 29- Aug 4 (11-12 year olds) | |

Please check the appropriate position:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Speaker | <input type="checkbox"/> Food Prep |
| <input type="checkbox"/> Dish Crew (Aug 19-25 only) | <input type="checkbox"/> Work Crew |

Church Information:

Home Church: _____

Pastor: _____ Church Phone #: _____

Church Attendance: ___ Regularly (every week) ___ Occasionally (twice a month) ___ Seldom (once a month or less)

Health Information: Please complete attached medical form.

1. Are there any reasons why your duties would be limited due to physical limitations or disabilities? Yes ___ No ___ If yes, please explain:

2. Do you have any allergies? If yes, specify reaction and medication required.

Food: _____

Insects: _____

Medications: _____

Other allergies: _____

3. Do you have any special dietary needs? _____

Personal Background:

How did you hear about this staff opportunity?

Why are you volunteering for this position?

How is God working in your life right now?

Experience:

List and describe any experience related to the position you are applying for.

References:

Please provide the names of two individuals (one who will speak to your character and one who will speak to your work ethic). They must know you well and be over the age of 21. Make sure you let them know that you have used them for a reference and tell them what position you are wanting to volunteer for. Please do not use family members or full time Tulahead staff.

Character Reference: _____

Phone #: (____) _____ Relation to you: _____

Work Reference: _____

Phone #: (____) _____ Relation to you: _____

Commitment and Acknowledgement:

If I am accepted as a volunteer at Camp Tulahead....

I will support the traditions, policies and mission of Camp Tulahead and seek to be a good example to the campers and staff.

I am willing to learn and willing to perform any task to the best of my ability.

I acknowledge that this is a volunteer position and I will not be receiving any pay for my time spent at Camp Tulahead.

I will attain and send the camp a Criminal Record Search on my behalf.

Signature of Volunteer: _____

Date: _____