



CAMP FRENDA

Volunteer Application

Name: _____

Camp Ministry:

- Provides opportunities for people to experience God in a natural setting.
- Provides excellent programs, services and facilities that reflect the beauty of Christ.
- Helps people grow in Christ through healthy recreational opportunities.
- Points people to Christ through wholesome social relationships.

Requirements For All Applicants:

- Be 16 or 17 years old.
- Be in good health with lots of energy.
- Have the ability to relate to children.
- Have a strong desire to share the gospel.
- Have the ability to work with a team, assisting staff in a spirit of cooperation.
- Be flexible in job description, willing to develop the skills necessary to do the best possible job.
- Value and follow the philosophies, goals and policies of the camp.
- Attend worships as able.
- Communicate questions, concerns and ideas with supervisors

How To Apply:

- Three references should be submitted directly by those giving the reference (references by family members are not acceptable). Reference forms are included with the application.
- Fill out application completely and include copies of any applicable certificates.
- Include a certified police background check if you are over the age of 18.

Mail: Camp Frenda
1110 King Street East
Oshawa, ON L1H 1H8

Email: loliveira@adventistontario.org
Phone: 905-571-4211
Fax: 905-571-4781

Personal Information

Name: _____ Phone: (____) _____
Address: _____
City: _____ Province _____ PC _____
Age: ____ Date of Birth: _____ Male Female Marital Status: Single Married
Citizenship Status: _____
Email: _____ Fax: _____
Name of Parent(s) or Guardian(s) if under the age of 18): _____
Church Affiliation _____ Pastor _____
Shirt Size (*please circle your size*): **S M L XL XXL**

School Information

School currently attending: _____
Level Completing this year: _____

Health Information

Camp Frenda is required by the Ontario Camping Association and by law to obtain the following health information before accepting an application.

Present Health Excellent Good Fair Poor
Last injury or operation _____ Date _____
Physical or mental health conditions you have that might affect your summer ministry work _____

Current medication(s) _____
Health card.# _____ Prov _____
Your Physician _____ Office Phone #(____) _____

History

- Sore throats
- Sinusitis
- Bronchitis
- Fainting
- Stomach upset
- Kidney trouble
- Convulsions
- Sleepwalking
- Heart trouble
- Diabetes
- Asthma
- Bed wetting
- Special dietary

Other: _____

Allergies

- Drugs
- Foods
- Antidote:**
- Nurse administered
- Plants
- Bee/Insect Stings
- Benadryl
- Epikit
- Animals
- Anakit
- Other
- Self care

Other: _____

Medications

Are you currently taking medication?

No Yes Explain: _____

Drug Name: _____

Dosage _____

Time _____

Medical Consent - Signature Required

In case of emergency, I give permission to the physician selected by the attending staff, or supervisor, or adult leader in charge to secure proper care, such as hospitalization, x-ray, or other treatment as they deem necessary

Signature

Date

Parent's Signature (if under 18 years)

Emergency Contact Information

Name: _____ Relationship to Applicant: _____

Home Phone: _____ Daytime: _____ Cell # _____

Room Mates

If you are volunteering at the same time as a friend(s) are you willing to share a room? Please list their name(s) below:

Name: _____ Name: _____

Conduct Clearance, Liability and Image Release

Conference policy requires the following information be obtained from applicants who may be working at camp.

Have you ever been formally or informally accused, disciplined, or charged for any child abuse and/or sexual abuse? Yes No

Please give the name of a non-family member that has known you for more than five years and can verify the above statement.

Name _____ Phone (____) _____

Address _____ City _____ Prov _____ PC _____

The applicant is willing to participate in a Police Check and freely share any information about my involvement with child related offences.

Yes No

I understand that activities such as rappelling, ropes course, water-skiing, and horseback riding are high-risk activities. Should I/the minor named herein choose to take part, I/the legal guardian accept the conditions stated, including the release of the Ontario Conference of Seventh-day Adventists and Camp Frenda management from liability in case of accident or illness. This applicant supports and agrees to abide by all camp regulations and policies.

Print Name: _____ Signature: _____

Guardian's Name: _____ Guardian's Signature: _____ Date: _____

In accordance with the Canadian Personal Information Protection Electronic Documents Act (PIPEDA) the information collected from you is for the following purposes: contact information, evaluation of volunteer needs, assisting in emergency situations, statistical data for marketing the camp, to send camp promotional/fundraising information, to verify discount eligibility and to process payments. This information is shared with medical/office staff, camp marketing agents, and camp counselors as deemed necessary. I understand volunteers may be photographed and videotaped and release all rights for publication and advertising.

Print Name: _____ Signature: _____ Date: _____

Guardian's Name: _____ Guardian's Signature: _____ Date: _____

Volunteer Dates *(check off the box below if applying to volunteer for blind camp):*

Camp Frenda solicits the assistance of volunteers for Blind Camp. Applicants need to be a minimum of 16 years of age to volunteer for this session. To volunteer at any other time, prior arrangements need to be made with the Camp Director and applicants need to be a minimum of 20 years of age.

Blind Camp (minimum 16 years of age)

July 4-9, 2010



CAMP FRENDA

1110 King Street East
Oshawa ON L1H 1H8

Telephone: 905-571-1022; Fax: 905-571-4781

www.campfrenda.com

Staff Recommendation Form

I, _____, am applying for a position at Camp Frenda. Your frank appraisal will assist the directors in evaluating my qualifications and abilities. When you have completed the form, please return it to the address above. Thank you for your immediate help.

With one word describe the following traits of the applicant:

- Spiritual influence _____
- Spiritual commitment _____
- Attitude toward church structure, doctrines, and standards _____
- Judgement _____
- Dependability _____
- Leadership potential _____
- Cooperation _____
- Initiative and resourcefulness _____
- Intellect _____
- Personality _____
- Adaptability _____
- Appearance _____
- Emotional stability _____
- Physical fitness and stamina _____

1. Will Camp Frenda have a better Christian environment because this applicant is serving at the camp?
Yes No

2. To the best of my knowledge the applicant has/has not used:
 alcohol drugs tobacco in the last 12 months.

3. In what area does this applicant most need to demonstrate growth? _____

4. Would you leave your child for several weeks in this person's care? Yes No

For further comments or additional information that would be helpful to the camp directors, please use the back of this sheet.

How long have you known the applicant? _____ In what capacity? _____

Signature: _____ Date: _____

Print Name: _____ Position: _____

Phone #: _____ Dean Teacher Pastor Other



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