



# 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 20 years old or older.
- Be 16 years old for Blind Camp only.
- 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:**

- One reference should be submitted directly by your Pastor or someone who has worked with you in the last 12 months. 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 20.

**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 20: \_\_\_\_\_  
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 20 years)

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime: \_\_\_\_\_ Cell # \_\_\_\_\_

## 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 5-10, 2011**

Workbee (minimum 16 years of age)

**June 12-15, 2011**



# 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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