

Canyon Church Camp Association

210A – 12A Street North, Suite#418
Lethbridge, Alberta, T1H 2J1
www. canyonchurchcamp.com



2017 VOLUNTEER RESOURCE APPLICATION FORM

Please send completed form along with
Criminal Record including a Vulnerable Sector Check to
campcanyon@gmail.com
OR MAIL TO: 210A 12A Street North, Suite#418, Lethbridge, AB, T1H 2J1

PLEASE SUBMIT YOUR APPLICATION AS SOON AS POSSIBLE AS WE ARE CURRENTLY BUILDING OUR RESOURCE TEAM FOR THE UPCOMING SEASON!

Required Record Checks: Local Police or RCMP department can perform a Criminal Records Check with a vulnerable sector included, which is good for 3 years. Submission of proof of all valid record checks will be required prior to attending camp.

Full Name: _____

Permanent Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cellular: _____

Email: _____

T-Shirt Size: _____ Small _____ Medium _____ Large _____ X-Large

Please Indicate Order of Preference

	<u>CAMP</u>	<u>2017 DATES</u>
_____	Junior 1 (6 – 9 yrs)	July 4 – 7
_____	Junior 2 (8 – 10 yrs)	July 9 – 14
_____	Junior 3 (10 – 12 yrs)	July 16 – 21
_____	Junior 4 (11 – 14 yrs)	July 30 – August 4
_____	Intermediate 1 (13 – 15 yrs)	August 6 – 11
_____	Intermediate 2 (15 – 17 yrs)	August 13 – 18

Please check the position you are applying for (*if more than one please number in order of preference*); also see position descriptions online for more detailed responsibilities.

- _____ **Camp Parent** Supervise meal service and cabin cleanup
- _____ **Camp Medic** Distribute medication, first aid, etc.
- _____ **Nature Leader** Teach nature program
- _____ **Chaplain** Teach bible study. Assist staff in matters of worship
- _____ **Craft Leader** Supervise crafts and cleanup

Have you previously served as resource staff at CCC? Yes ___ No ___

Position(s) & Year(s) _____

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Please tell us why you would like to be a member of our Volunteer Resource team.

I understand that if I volunteer for a full week of camp, then one child or grandchild will be able to attend camp for one-half the registration fee cost. The following camper is my child/grandchild and will be attending camp:

Childs Name: _____ Camp Attending: _____

Note: By completing this form your child/grandchild is NOT REGISTERED for camp. The camper registration application process for this child must still be completed.

CANYON CHURCH CAMP ASSOCIATION VOLUNTEER DECLARATION

I have read the Policy and Procedures Manual and will abide by its rules during the time I am at Canyon Church Camp

- 1 Although every effort is made to ensure that activities proceed in a safe manner, I understand that accidents can happen and injury may result. I understand that I am **NOT** covered by Canyon Church Camp’s general liability insurance and as such will not receive benefits if I am injured at camp and unable to work.
- 2 I will not hold Canyon Church Camp Association or the United Church of Canada, liable in the event of injury or accident.

Your application will be reviewed as soon as possible and Email confirmation of your position will be sent to you. Positions will be filled on a first-come first-served basis.

Printed Name: _____

Date: _____ Signature: _____
(Name typed as a signature will be considered as signed)