

Camp Kagama Counsellor Application 2017

Name: _____ Phone: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Communication is done mainly by email, please add Staff@CampKagama.ca to your safe senders list

Male Female Date of Birth (DD/MM/YYYY) _____

Grade/Occupation: _____

Church Affiliation: _____

Camp Name: _____

(Staff use camp names rather than their real names while at camp)

T-shirt Size _____

(New staff are provided with a complimentary staff shirt)

Please include a recent picture. This picture should give a clear view of the applicant, alone in the picture. This picture is for internal use only and will not be published in any way. If you have questions or concerns about this, please contact the Staff Recruitment Officer.

Applicant's Parent/Legal Guardian's Contact Information #1

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Relationship to applicant _____

Applicant's Parent/Legal Guardian's Contact Information #2

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Relationship to applicant _____

New counsellors, please submit the completed and signed Counsellor Application form (3 pages), a clear picture, TWO written references and completed medical form.

Returning counsellors, please submit the completed and signed Counsellor Application form (3 pages), a clear picture, ONE written reference and completed medical form.

Counsellor Application

Availability

For which camps are you available? Please note that weeks will be assigned pending evaluation at Counsellor Training

- | | |
|--|---|
| <input type="checkbox"/> Senior Girls July 9-14 (ages 11-13) | <input type="checkbox"/> Junior Boys Aug 7-11 (ages 7-10) |
| <input type="checkbox"/> Junior Co-ed July 16-20 (ages 7-10) | <input type="checkbox"/> Intermediate Co-ed (B) Aug 13-18 (ages 9-12) |
| <input type="checkbox"/> Intermediate Co-ed (A) July 23-28 (ages 9-12) | <input type="checkbox"/> Senior Boys Aug 20-25 Aug 20-25 (ages 10-13) |
| <input type="checkbox"/> Junior Girls July 30 - Aug 3 (ages 7-10) | |

Experience

Previous Camp Kagama experience

Number of years as a camper _____

Number of years as staff _____

If you've never been to Camp Kagama, have you ever been to an overnight camp before? If you have, please list specific camps attended:

Please share your leadership experience (i.e. through school, church, community activities, sports):

Please list past/present work and/or volunteer experience:

Why do you want to be a counselor at Camp Kagama? Why do you think you would be a good counsellor?

Please include any hobbies, sports, special skills, or interests that would make you a good addition to the Camp Kagama team.

Special Skills or Qualifications

Please indicate the level of swimming instruction you have completed, any advanced swimming instruction you have taken, and the levels of First Aid certification you have received, if any. Please indicate the issue date and the name of the issuing organization for all certifications received.

Additional information

Do you have any health issues which would prevent you from full participation in the Camp Kagama program? If so, please list.

I, the undersigned, confirm that the information found in my application is true and accurate, and confirm that I have reviewed the duties of a counsellor (found on the Camp Kagama website). I understand that Successful applicants (new and returning) will be REQUIRED to attend the ENTIRE training weekend: June 30 - July 2, 2016.

SIGNATURE

DATE

Details regarding Counsellor Training will follow by email.

**Please submit the completed Counsellor Application package to:
Camp Kagama Staff Recruitment Staff@CampKagama.ca**

(To submit paper copies of application – please contact the Staff Recruitment Officer for updated mailing information.)