

Office

Rec. \_\_\_\_\_

Ref Rec. \_\_\_\_\_

PC  CW



Office

Contacted \_\_\_\_\_

Approved \_\_\_\_\_

Start Date \_\_\_\_\_

**a:** Box 519, Bentley, AB T0C 0J0  
**e:** program@silversides.ca

**p:** 403.748.2689

**f:** 403.748.3300  
**w:** silversides.ca

**Personal Information (please print)**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_|\_\_\_\_|\_\_\_\_  
 dd|mm|yy

Shirt Size \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ CITY \_\_\_\_\_ PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL \_\_\_\_\_

(I will be contacting by email)

**PERMANENT ADDRESS** ( same as above) \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HEALTH CARE # \_\_\_\_\_

SEX:  M  F STATUS:  SINGLE  ENGAGED  MARRIED RETURNING:  YES  NO

Have you ever been convicted of a criminal offence or are there current charges before the court?

If yes, please explain \_\_\_\_\_

Facebook ID \_\_\_\_\_

**Church Information**

HOME CHURCH \_\_\_\_\_ CITY \_\_\_\_\_

PASTOR \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

YOUTH/COLLEGE PASTOR \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CHURCH ATTENDING(how long) \_\_\_\_\_ CITY \_\_\_\_\_

PASTOR \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

YOUTH/COLLEGE PASTOR \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

List some of your church and/or ministry involvements in the past 3 years.

\_\_\_\_\_

\_\_\_\_\_

**Work/Education Information**

|               | School | Years Att. | Grad Date | Degree |
|---------------|--------|------------|-----------|--------|
| High School   |        |            |           |        |
| Bible College |        |            |           |        |
| University    |        |            |           |        |
| College       |        |            |           |        |
| Other         |        |            |           |        |

**Employment History**

PRESENT EMPLOYER \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

POSITION \_\_\_\_\_ DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

POSITION \_\_\_\_\_ DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

**Purpose**

Describe briefly your reasons for applying at Camp Silversides this summer.

---

---

---

---

Describe any previous experiences you have had as a camper or as a camp staff member.

---

---

---

---

**Skills**

Indicate your level of proficiency in the following areas:

(Rate Skills: Pick 5 and number 1-5 for what you would like to teach 1=most 5=least)

| Program               | Know Nothing | Know Some | Could Help | Could Teach | Certification Level | Rate skills |
|-----------------------|--------------|-----------|------------|-------------|---------------------|-------------|
| Archery               |              |           |            |             |                     |             |
| BBall, VBall          |              |           |            |             |                     |             |
| Soccer                |              |           |            |             |                     |             |
| Camping Skills        |              |           |            |             |                     |             |
| Campouts/Cookouts     |              |           |            |             |                     |             |
| Canoeing              |              |           |            |             |                     |             |
| Crafts                |              |           |            |             |                     |             |
| Drama/Improv          |              |           |            |             |                     |             |
| Fishing               |              |           |            |             |                     |             |
| Mountaineering        |              |           |            |             |                     |             |
| Recreation Leadership |              |           |            |             |                     |             |
| Swimming Instructor   |              |           |            |             |                     |             |
| Waterski/Wakeboard    |              |           |            |             |                     |             |
| Water Fun             |              |           |            |             |                     |             |

Please answer the following questions on a separate sheet of paper in paragraph form, labeling each answer with the question number.

1. Briefly describe your salvation experience (How did you become a Christian)?
2. How would you lead someone to Christ?
3. Describe your current relationship with the Lord.
4. Describe your current devotional and prayer life.
5. What are your strengths & talents?
6. In what areas do you feel you need further growth/development?
7. List your hobbies and interests.

List any instruments you play: \_\_\_\_\_

CERTIFIED BOAT DRIVER:  YES  NO

LIFEGUARD CERTIFICATION:

Bronze Cross:  YES  NO

NLS:  YES  NO

WSI Certification:  YES  NO

Other: \_\_\_\_\_

FIRST AID TRAINING:  YES  NO

From Who (Red Cross, ...)? \_\_\_\_\_

What Level? \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_dd/mm/yy  
(date you need to renew by)

CPR TRAINING:  YES  NO

From Who? \_\_\_\_\_

What Level? \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_dd/mm/yy  
(date you need to renew by)

### References

Please provide the names of three people at least 20 years of age. Fill out the following information, their name, address, and phone number. Please provide one pastor/elder reference and two acquaintances, who are not relatives. Please make sure your references have been informed that you are using their name.

1. NAME \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. NAME \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. NAME \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Position Applying For:

SR. Cabin Leader

Chapel Director

STP Director

Videographer

Assistant Program

Head Male Cabin Leader

Head Female Cabin Leader

Other \_\_\_\_\_

In submitting this application I declare all of the information is accurate to the best of my knowledge.

\_\_\_ Attached is my current Police and Child Abuse registry checks.

(NOTE: Your application cannot be processed without these documents attached or on file with us already. **Police checks** must be submitted every **two years**. **Child abuse registry** checks must be renewed every **three years**.)

Date \_\_\_\_\_ Signature \_\_\_\_\_

**It would be helpful if you could attach a photo of yourself with your application.**

### Commitment

We are very excited that you are considering returning to Camp Silversides. Your experience and knowledge from the past years is of great value to us. To serve at Camp Silversides is a great privilege and responsibility, and brings rich rewards.

Are you willing to set aside self for the benefit of others? Do you desire to see children accept Jesus Christ as their personal savior? Are you willing to uphold the aims, standards, and the doctrinal statement of Canadian Sunday School Mission and Camp Silversides? Will you live a consistent Christian life as an example to help campers grow? Once again, please prayerfully consider this application for serving at Camp - it is a commitment!

Parents Signature (if under 18 yrs. of age) \_\_\_\_\_ Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

## CSSM MINISTRIES -RELEASE OF INFORMATION AND DECLARATION OF INTENT

I hereby give CSSM Ministries permission to contact persons named as references to ascertain my suitability for ministry. I release all such references from liability for any damage that may result from furnishing such evaluations to you.

I understand that if my character or morals should be inappropriate and/or criminal at any time during my service, CSSM Ministries will be entitled to terminate my assistance without expressed cause or prior notice regardless of any other oral or written statement by CSSM Ministries prior to, at, or following the date of volunteer service.

I understand that CSSM Ministries is responsible for the welfare of any person or persons entrusted to my care, and thus I will cooperate fully with the staff in the fulfillment of my duties and will keep all information I encounter, in my ministry, confidential. If at any time I find that for any reason I am unable to support the policies, procedures or doctrine of CSSM Ministries, I will graciously and quietly resign my volunteer position. If my supervisors find that I am in conflict with any of the policies, procedures or doctrines and we are not able to resolve the issue, I will graciously and quietly agree to resign my position. I hereby acknowledge that the information contained in this application for volunteer ministry is correct to the best of my knowledge.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature of Witness** \_\_\_\_\_ **Date** \_\_\_\_\_