

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 ____|____|____

Shirt Size _____ dd|mm|yy

CURRENT ADDRESS _____

CITY _____ PROV _____ POSTAL CODE _____

PHONE (____) _____ - _____ CELL (____) _____ - _____ E-MAIL _____

(I will contacting by email)

PERMANENT ADDRESS (same as above) _____

CITY _____ PROV _____ POSTAL CODE _____

HEALTH CARE # _____

SEX: M F STATUS: SINGLE ENGAGED MARRIED

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

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.

Employment History

PRESENT EMPLOYER _____ PHONE (____) _____ - _____

POSITION _____ DATES FROM _____ TO _____

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. What has God been doing in your life since you were last on staff?
2. What areas of responsibilities would you be more interested in taking leadership in this summer?
3. Describe any new experience or learning that would be an asset to your ministry this summer.
4. In the past year what have you been doing to continually be challenged and grow in your faith?

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)

Position Applying For:

SR. Cabin Leader

Chapel Director

STP Director

Videographer

Assistant Program

Head Male Cabin Leader

Head Female Cabin Leader

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 (____) _____ - _____

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 _____

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 in this application 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** _____