

OWAISSI ANGLICAN CAMP ASSOCIATION SUMMER STAFF APPLICATION

Email: jobs@campoac.com

Visit our website: www.campoac.com

Please attach resume and all three pages of this application and return by email to guarantee it has been received.

APPLICANT INFORMATION (PLEASE LIST ALL DATES AS DD/MM/YY)			
Last Name	First	M.I.	Birthdate
Street Address		Apartment/Unit #	
City	Province	Postal Code	
Phone	E-mail Address		
Are you authorized to work in Canada?	YES	NO	
Have you ever worked for Camp Owaissi?	YES	NO	If so, when?
Have you ever been convicted of a felony?	YES	NO	If yes, explain

EDUCATION (PLEASE LIST ALL DATES AS DD/MM/YY)				
High School			Address	
From	To	Did you graduate?	YES	NO
			Degree	
College			Address	
From	To	Did you graduate?	YES	NO
			Degree	
Other			Address	
From	To	Did you graduate?	YES	NO
			Degree	

Job(s) interested in applying for (Check all that you are interested in)			
Summer Director	Lifeguard	Crafts/Music Leader	Waterfront Leader
Sports/Drama Leader	Assistant Cook	Cabin Leader	Head Cook
Are you certified in any of the following:			
First Aid	Yes	No	Expiration Date _____
CPR	Yes	No	Expiration Date _____
Lifeguard	Yes	No	Expiration Date _____
Food Safe	Yes	No	Expiration Date _____
Any other certifications with expiration dates: _____			

PREVIOUS EMPLOYMENT (PLEASE LIST ALL DATES AS DD/MM/YY)			
Company		Phone ()	
Address		Supervisor	
Job Title	From	To	
Responsibilities			
May we contact your previous supervisor for a reference?	YES	NO	Reason for Leaving
Company		Phone ()	
Address		Supervisor	
Job Title	To	From	
Responsibilities			
May we contact your previous supervisor for a reference?	YES	NO	Reason For Leaving
Company		Phone ()	
Address		Supervisor	
Job Title	To	From	
Responsibilities			
May we contact your previous supervisor for a reference?	YES	NO	Reason for Leaving

Will you be returning to school in September of this year? Yes No

REFERENCES	
Please list three references. Please provide a letter of reference from at least two of the below.	
Full Name	Relationship
Company	Phone ()
Email	
Full Name	Relationship
Company	Phone ()
Email	
Full Name	Relationship
Company	Phone ()
Email	

By signing below, I am indicating all above information is accurate and I am free of any pending criminal charges or convictions precluding me from working with children. I also understand Camp Owaissi requires a Criminal Record Search that will be paid for and submitted by the Camp Owaissi Association. I give permission to Camp Owaissi to run a Back Check on my criminal record or agree to submit one if and when asked.

Signature

Date

ACTIVITY EXPERIENCE

Use the following scale to rate your experience level for the following activities:

1= No Experience 2= Little Experience 3= Some Experience 4= Lots of Experience 5= I'm a Pro

Sports		Music: Guitar		Canoeing	
Outdoor Games		Music: Singing		Kayaking	
Arts and Crafts		Music: Other Instruments		Swimming	
Drama Games		Planning Worship		Photography	

List all sports teams, clubs, organizations, and non-sport teams you have been involved in: _____

List any leadership positions you have held: _____

List any experience you have working with children: _____

IN YOUR OWN WORDS (Please use additional paper to answer the following questions)

1. What talents do you possess that you will share with campers at Owaissi?
2. Why are you choosing to make Camp Owaissi part of your summer?

Shirt Size (In Adult Sizes): X-Small Small Medium Large X-Large XXL