



## Cooks, Maintenance, Lifeguard & General Help Application Package

### Applying for the following position:

- Head Cook
- Kitchen Helper
- Lifeguard
- Maintenance
- Speaker
- General Helper (Describe) \_\_\_\_\_

### Please indicate the weeks of camp interested in:

- Cook for staff training: June 28- July 1
- July 2-7
- July 9-14
- July 16-21
- July 23-28
- July 30-August 4
- August 6-11      Exceptions to Dates: \_\_\_\_\_

### **BASIC INFORMATION** (Please PRINT Clearly)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Health Care Numbers (both 9 & 6 Digits for Manitoba): \_\_\_\_\_ & \_\_\_\_\_

Gender: Male  or Female

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Box Number: \_\_\_\_\_

Birth Date (m/d/y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Home: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Work: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Social Insurance # (9 digits) \_\_\_\_\_ Driver's license: \_\_\_\_\_

### **MEDICAL HISTORY**

Do you suffer from any physical or emotional condition? If yes, please explain the physical/emotional condition:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies? If yes, please list your allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_



Emergency Contact Phone #: ( \_\_\_ \_\_\_ ) \_\_\_ - \_\_\_ - \_\_\_

(Applicable only if applicant will not be 18 at the start of their time at camp) I give permission for my child to serve at camp this summer and am aware that my child is free to leave camp property with other staff during the weekends when camp is not in session.

Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HISTORY

Do you have a criminal record? Yes  or No

If you answered "yes" to the above question, please specify:

\_\_\_\_\_  
\_\_\_\_\_

Do you have a Pleasure Craft Operator card? Yes  or No

Do you have a Food Handlers Certificate? Yes  or No

Do you have any Lifeguard Certification? Yes  or No  If yes what? \_\_\_\_\_

Do you have First Aid or CPR Training? Yes  or No  If yes what? (eg. Red Cross, St Johns Ambulance etc) \_\_\_\_\_

**\*\*\*Please check if they are still valid and only check off those that are.\*\*\***

## FAITH JOURNEY (If not a Christian please state so)

1) Describe your current relationship with the Lord:

\_\_\_\_\_  
\_\_\_\_\_

2) Describe your current devotional and prayer life:

\_\_\_\_\_  
\_\_\_\_\_

3) What is God currently teaching you?

\_\_\_\_\_  
\_\_\_\_\_



## SBBC POLICIES

SBBC Statement of Faith & Policy on Unity is available online.

Are you willing to submit to the standards and authority of the camp? Yes  or No

Will you give your effort and enthusiasm to Steepprock Bay Bible Camp? Yes  or No

I declare all this information to be accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## References

I hereby provide the names and full addresses of my two needed references that are over 25 years of age and are not relatives. I have informed my references that I have used their name and that they may be contacted.

### Reference #1:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

### Reference #2:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Please send form **PERFERABLY** by EMAIL to: [director@steepprockministries.com](mailto:director@steepprockministries.com)

or mail: address at top of page