



**Camp Office Use Only:**

Date Received: \_\_\_\_\_  
Date Contacted: \_\_\_\_\_  
Date Hired: \_\_\_\_\_  
Salary: \_\_\_\_\_

**Service Team  
Application  
2010**

Please print on line above requested information

**Ministry Zones**

- Administration
- Guest Groups
- Hospitality
- Housekeeping
- Maintenance
- Programming

\_\_\_\_\_  Paid  Unpaid  Either

Ministry Zone Applying For \_\_\_\_\_ Seeking

\_\_\_\_\_  Male  Female

**Personal Information**

Full Name \_\_\_\_\_ Gender \_\_\_\_\_

We would love it if you included a photo of yourself but it's optional

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

\* We need your driver's license number to allow you to drive camp vehicles

Social Insurance Number \_\_\_\_\_ Citizenship \_\_\_\_\_ \*Driver's License # \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (with area code) \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Birth Date (mm/dd/year) \_\_\_\_\_ Age as of June 30, 2010 \_\_\_\_\_

**Experiences**  
Please feel free to use separate sheets for more information

EDUCATION EXPERIENCE (including name of last school attended, dates, grade/degree completed)

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

WORK EXPERIENCE (including positions held, dates, duration or attach resume with the same)

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

LEADERSHIP/TEACHING EXPERIENCE (formal leadership training or experience at church, camps, school, Sunday school, children's clubs, sports, arts, etc.)

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

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**Skills/****Interests**

Knowledge of your skills help us utilize your talents at camp

**Photocopies:**

Please include photocopies of all current certifications for all applicable skills

Please mark the following camp program components as noted:

1. **Have accreditation in area**

2. **Interested and capable of teaching**

3. **Interested but need training**

4. **Capable but not interested**

5. **Please don't put me there!!**

\_\_\_ Archery

\_\_\_ High Ropes

\_\_\_ Sports

\_\_\_ Arts and Crafts

\_\_\_ Horseback Riding

\_\_\_ Survival/Outdoor Living

\_\_\_ Cabin Leading

\_\_\_ Housekeeping

\_\_\_ Video Editing

\_\_\_ Café/Store Staff

\_\_\_ Landscaping

\_\_\_ Wall Climbing

\_\_\_ Construction

\_\_\_ Low Ropes Course

\_\_\_ Wide-games

\_\_\_ Cooking

\_\_\_ Maintenance/Site

\_\_\_ Wrangling

\_\_\_ Drama

\_\_\_ Mountain Biking

\_\_\_ Swimming/Life-guarding

\_\_\_ Food Services/Hospitality

\_\_\_ Music

Highest Level Achieved:

\_\_\_ First Aid/CPR

Instrument(s): \_\_\_\_\_

Level: \_\_\_\_\_

\_\_\_ Photography/Video

Other \_\_\_\_\_

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**Spiritual****Experience**

Please answer the following questions on a separate piece of paper

1. Briefly explain how and when you became a Christian. (Not Returning Staff)
  2. What steps are you currently taking to grow in your spiritual walk?
  3. Why are you considering River's Edge as a place to serve?
  4. Provide the names of three people who will be praying for you as you serve this summer.
- 

**Personal****References****Note:**

Application process is only complete upon receipt of all Reference Forms!

Provide Reference Forms to your references.

Send completed Reference Forms with application or have referee mail or fax them in on your behalf.

\_\_\_\_\_

Name of Church you attend

\_\_\_\_\_

City

\_\_\_\_\_

How often do you attend (include the types of events you attend)?

\_\_\_\_\_

Pastor/Youth Leader

\_\_\_\_\_

Phone (with area code)

\_\_\_\_\_

E-mail

\_\_\_\_\_

Alternate Phone(with area code)

Please send/give the attached reference forms to your referees. We recommend you use teachers, employers, pastor, youth leader or mentor to be a reference. At least one of your references needs to be able to speak to your spiritual maturity. We ask that you do not use relatives as a reference. ***We require 3 references from new applicants and 1 reference for returning service team members.***

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**Availability**

I AM AVAILABLE FOR: (Check All That Apply)

- Full Time Starting: \_\_\_\_\_
  - Spring Staff (May-June)
  - Staff Training (June 24-30, 2010)
  - All Summer (June 24-August 31, 2010)
  - The following Camps/Weeks:
    - Keenagers (June 24-27)
    - Family Camp 1 (June 30- July 6)
    - Horsemanship Camp/ ACSI Teacher's Convention (July 4-9)
    - Family Camp 2 (July 9-16)
    - Family Camp 3 (July 16-18)
    - Junior Camp 1 (July 18-23)
    - Emerging Leaders & Guest Group Family Camp (July 25-30)
    - Family Camp 3 (August 1-6)
    - Junior Camp 2/ Adventure Camp/ Horsemanship Elite (August 8-13)
    - Junior High (August 15-20)
    - Sr. High Camp (August 22-27)
- 

**Declaration**

- I hereby allow River's Edge Camping Association to keep my information on a mailing list used solely for the use of communicating information with myself and other staff members.
- I also allow River's Edge Camping Association to use any photos of me taken during my time at camp for advertisement purposes.
- I hereby declare that the information provided in this document is true to the best of my knowledge, and any false statement automatically voids this application and is reason for dismissal as a staff member at River's Edge Camp.

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Date

---

Signature

---

Date

---

Parent/Guardian Signature (if under 18)

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**Submit****Application Checklist:**

- Service Team Application Form
- Healthcare Form
- BackCheck Forms & Copy of ID
- Reference Forms to References

**Please send completed application to:**

River's Edge Camp  
Box 39  
Cremona, AB T0M 0R0  
Phone: 403-637-2766  
Fax: (403) 637-2765  
E-mail: info@riversedgecamp.org

**Criminal Record Check Information**

A criminal record check will be arranged by the camp for each applicant before finalization of employment. There will be a \$25.00 fee for this service.

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# Health Care Form

Male  Female

Name

Gender

Address

### Personal Information

City

Province

Postal Code

E-mail

Phone (with area code)

Alternate Phone #

Birth Date (mm/dd/year)

Age as of June 30, 2010

### Emergency Contacts

Emergency Contact Person #1

Relationship

Phone (with area code)

Alternate Phone (With area code)

Emergency Contact Person #2

Relationship

Phone (with area code)

Alternate Phone (With area code)

Personal Health Care Number

Doctor's Name

Phone (with area code)

Please list any medical conditions, dietary needs, or allergies we should be aware of:

### Medical Information

Current Medications Required:

Are there any physical limitations or disabilities that might affect your duties at camp?

No  Yes Please Explain: \_\_\_\_\_

### Declaration

- The medical information is correct to the best of my knowledge, and I have permission to engage in all described camp activities except as noted above.
- In case of emergency I hereby give permission to the physician selected by the Executive Director or his/her designate, to secure proper treatment.
- This information may be photocopied and/or contained in the camp's staff database for the purposes of authorized health personnel.
- Every precaution is taken for the safety and good health of the campers and staff, but in the event of an accident or illness, River's Edge Camping Association, including the Camp Board, the Director, the staff, and volunteers are hereby released from any liability.

Signature of Applicant

Date

Signature of parent/guardian  
if applicant under 18yrs. old

Date



P.O. Box 39  
Cremona, AB,  
Canada. T0M 0R0  
403-637-2766 (o)  
403-637-2765 (fax)

Dear Service Team Applicant,

Thank-you for your interest in serving at River's Edge Camp!

River's Edge Camp endeavors to provide a safe and fun environment for everyone who comes here. As part of our efforts to ensure the safety of our staff, campers and volunteers we ask that all our staff complete a criminal record check with vulnerable persons test.

River's Edge Policy requires that Staff and Volunteers who will have contact with clients are required to provide a recent police reference check. Here are the options:

- A. Police reference checks may be obtained by you in advance through your local Police Force or RCMP as applicable. Ask for a volunteer criminal reference check for River's Edge Camp. (Contact the local police for their current fee schedule.)
- B. If a police check is not obtained prior to arrival, River's Edge will initiate one through BackCheck with a cost to you of \$25.00. The forms following this letter allow River's Edge to obtain a criminal record check and vulnerable person check on your behalf through BackCheck.

River's Edge recognizes that the contents of criminal record checks are confidential. Your privacy is important to us! River's Edge Camp's Privacy Policy is as follows:

Except for records and information that are legally required for government agencies, no information about an employee will be released unless a signed Release of Information form has been completed. Any request for information will require a written requisition outlining the reason and information particulars being requested prior to release.

Any files considered confidential will be stored in a locked storage cabinet and will not leave the Camp Office.

Please complete the forms following this letter, fill them out and mail or fax them in to River's Edge Camp. God Bless and we look forward to meeting you and completing your application process.

Sincerely ,

A handwritten signature in black ink, appearing to read "Harold Cooper", with a large, sweeping flourish extending to the right.

Harold Cooper  
Leadership Team Leader  
River's Edge Camp  
[harold@riversedgecamp.org](mailto:harold@riversedgecamp.org)  
Phone: (403) 637-2766  
Fax: (403) 637-2765



[www.riversedgecamp.org](http://www.riversedgecamp.org)

*"A natural setting for a supernatural experience!"*

**Consent for Disclosure of Personal Information  
Canadian Criminal History Check & Vulnerable Sector Search**

*To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.*

**PLEASE NOTE:** The following information and photocopies of identification are for identification purposes only, allowing BackCheck to accurately proceed with the assembly of criminal record information for employment purposes. BackCheck will hold all personal information confidential.

Given Name(s): ▼		Middle Name(s): ▼	
Surname: ▼			Gender: Check One <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Maiden Name & Other names used, either past or present, including aliases and nicknames: ▼			Birth Date: (yyyy/mm/dd) ▼ <b>1 9</b>
Place of Birth: ▼			
City Province Country			
Current Address: ▼			
Unit #	Street #	Street Name	Postal Code
Current Address Continued: ▼			
City Province Country			
Previous Address – if less than 5 years ago: ▼			
Unit #	Street #	Street Name	Postal Code
Previous Address Continued: ▼			
City Province Country			
Telephone: ▼		Alternate Telephone: ▼	
Ext.	Ext.	Ext.	Ext.

**I certify that the information in this Disclosure for Personal Information is true and correct to the best of my ability.**

Declaration of Offences	Have you been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No											
	Have you been granted a conditional discharge within the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No											
	Have you been granted an absolute discharge within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No											
	<b>If Yes, please provide details on ALL convictions (if more space is needed, please attach additional pages as required):</b>											
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Offence</th> <th style="width:20%;">Date (yyyy/mm/dd)</th> <th style="width:30%;">Location</th> <th style="width:20%;">Penalty</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Offence	Date (yyyy/mm/dd)	Location	Penalty							
Offence	Date (yyyy/mm/dd)	Location	Penalty									

**Disclaimer:** The existence of a conviction will not preclude you from consideration for employment or volunteer position with **River's Edge Camping Association**. Details of the offence are requested to enable **River's Edge Camping Association** to determine whether the offence is related to your employment, intended employment, or volunteer position.

Statement of Understanding and Consent	<p>I have applied to <b>River's Edge Camping Association</b> for employment or volunteer position. Part of the screening process includes a criminal history check which searches the RCMP Canadian Police Information Centre (CPIC) database. BackCheck conducts these investigations on behalf of <b>River's Edge Camping Association</b>.</p> <p>I hereby consent and authorize a Canadian Police Department to search for and disclose on my behalf to BackCheck who is requesting the criminal history check on behalf of <b>River's Edge Camping Association</b> the fact that records may exist on me and are registered on the CPIC database. I acknowledge that such records may include information relating to criminal convictions under the <i>Criminal Code</i> (Canada) for which a pardon has not been granted and conditional and absolute discharges which have not been removed from the CPIC database in accordance with the <i>Criminal Records Act</i>.</p> <p>I authorize BackCheck to release all information obtained to <b>River's Edge Camping Association</b> and hold harmless BackCheck upon the release of this information or its findings to <b>River's Edge Camping Association</b>. I understand that failing to provide accurate information or omission of facts herein may disqualify me from consideration for employment or volunteer position with <b>River's Edge Camping Association</b>.</p> <p>Furthermore, if there is a discrepancy with the information provided by myself on this form and that disclosed by a Canadian Police Department during this investigation of my criminal records history, I understand that I have the option to provide my fingerprints to resolve any discrepancy or dispute.</p> <p>This request is made in compliance with any applicable provincial or municipal public sector privacy legislation which allows a public body or municipality to disclose my personal information to me or my agent upon my request, and in particular in accordance with the <i>Nova Scotia Municipal Government Act</i> and the <i>Ontario Municipal Freedom of Information and Protection of Privacy Act</i>.</p>	
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Candidate Signature: <i>Authorizing Criminal History Check</i> <b>X</b></td> <td>Date: (yyyy/mm/dd) ▼ <b>2 0</b></td> </tr> </table>	Candidate Signature: <i>Authorizing Criminal History Check</i> <b>X</b>
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Vulnerable Sector Searches	<p>This section of the form is to be completed additionally by anyone applying for a position of authority and trust and is responsible for the well being of one or more children or vulnerable persons. The candidate consents to a search being made of criminal conviction records to determine if the candidate has been convicted of a sexual offence listed in the schedule to the <i>Criminal Records Act</i> and has been pardoned.</p> <p>I consent to a search being made in the CPIC database which is maintained by the RCMP, to find out if I have been convicted of, and been granted a pardon from, any of the sexual offences that are listed in the schedule to the <i>Criminal Records Act</i>. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the <i>Criminal Records Act</i> in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the RCMP to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.</p>	
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Candidate Signature: <i>Authorizing Vulnerable Sector Search</i> <b>X</b></td> <td>Date: (yyyy/mm/dd) ▼ <b>2 0</b></td> </tr> </table>	Candidate Signature: <i>Authorizing Vulnerable Sector Search</i> <b>X</b>
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**Note:** Both signatures are required to authorize a Criminal History Check with a Vulnerable Sector Search.



**P.O. Box 39  
 Cremona, AB,  
 Canada. T0M 0R0  
 403-637-2766 (o)  
 403-637-2765 (fax)**

## REFERENCE FORM

Staff Applicant: \_\_\_\_\_

Referee: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_



The above named is applying to River's Edge Camp as staff or as a volunteer. As such, the applicant would be expected to learn to teach, work and live with children and people of all ages. Your name has been given as a reference. For the sake of the applicant, we would ask that you please complete the following questions as fully as possible. Feel free to use the back of the page if necessary. We realize this is time consuming and appreciate your help very much.

- 1) How long have you known the applicant? \_\_\_\_\_
- 2) What is the nature of your acquaintance with the applicant? \_\_\_\_\_
- 3) Are you confident the applicant has accepted Christ as their Savior and has a relationship with Him?  
 Yes  No Comment: \_\_\_\_\_
- 4) Does the applicant show:
  - a) Good judgment?  Yes  No Explain: \_\_\_\_\_
  - b) Discretion in conduct toward the opposite sex?  Yes  No Explain: \_\_\_\_\_
  - c) A healthy response to authority?  Yes  No Explain: \_\_\_\_\_
  - d) Ability to maintain a cheerful, positive attitude?  Yes  No Explain: \_\_\_\_\_
  - e) Does the applicant have a teachable attitude?  Yes  No Explain: \_\_\_\_\_
- 5) In what areas would the applicant need the greatest guidance?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 6) List any special talents or abilities of the applicant.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 7) Is there anything, in the personal life of the applicant, which would impair his/her effectiveness?  
 If Yes, please specify:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 8) Do you believe that the applicant is suitable for this type of Christian work?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 9) Other comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date (dd/mm/yy)



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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date (dd/mm/yy)



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\_\_\_\_\_  
 Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date (dd/mm/yy)