

# Camp Willowdale 2009 Employment Form

## Applicant Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	Postal Code	<input type="text"/>
Tel Number	<input type="text"/>	Cell Phone	<input type="text"/>
Health Card	<input type="text"/>		
Email	<input type="text"/>		
School Name	<input type="text"/>		
Most recent grade level completed	<input type="text"/>	Birthdate	<input type="text"/>

## Guardian Information (you can skip this if you are 18yrs old and above)

First Name	<input type="text"/>	Last Name	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
Tel #1	<input type="text"/>	Tel #2	<input type="text"/>
Email	<input type="text"/>		

## Additional Information

Have you been involved with Camp Willowdale in the past?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
How did you hear about Camp Willowdale?	Friend <input type="checkbox"/>	School <input type="checkbox"/>	Website <input type="checkbox"/>

## Emergency Contact Info

In case of an emergency and our staff cannot reach the primary guardian(s), please provide contact information for one or two other people we can get in touch with.

Name	<input type="text"/>	Name	<input type="text"/>
Relation	<input type="text"/>	Relation	<input type="text"/>
Tel #	<input type="text"/>	Tel #	<input type="text"/>

## Medical Information of Applicant

Does your child have an illness, disability, allergy or other medical condition that our camp staff should be aware of? Yes  No

Please provide details in the box below if the above was answered "YES".

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## References

Please list the name and contact information for 3 references

Name

Relation

Tel #

Email

Name

Relation

Tel #

Email

Name

Relation

Tel #

Email

## Why should we hire you to be a Camp Willowdale Volunteer

In this box, write as much (or as little) to tell us why we should add you to our team this summer! Be creative but most importantly, be honest!

Are you legally able to work in Canada?

Yes

No

Have you ever been convicted of a criminal offense?

Yes

No

Do you have a valid certification in First Aid Training/CPR?

Yes

No

## Statement of Applicant and/or Parent/Guardian

I am sure that the Camp Willowdale managers/directors will do their best to give me (or my child) the necessary support and supervision needed and I understand that safety and health rules will be observed. I hereby give camp personnel the authority to act on my behalf in case of emergency, including medical treatment (parent/guardian will be notified as soon as possible). I understand that I am financially responsible for any additional care or treatment required for myself (my child). I hereby release Camp Willowdale, Willowdale Community Christian Assembly and it's personnel from all claims for damages arising from any accidents or injury caused by my (my child's) participation in the camp program. My (my child's) photo may also be used for Camp Willowdale publications and/or advertisements.

\_\_\_\_\_  
Signature of Volunteer or Parent/Guardian

\_\_\_\_\_  
Date