



CAMP DELIGHT VOLUNTEER APPLICATION FORM

Personal Information		
Last Name:	First Name:	Email:
MCP # (optional):	Social Insurance Number (optional):	Birth Date:
Cell Phone Number:	Home Phone Number:	Work Phone Number:
Street Address:	Postal Code:	City:

Employment Information		
Place of Employment:	Dates:	
Supervisor:	Phone Number:	Can this person be contacted as a reference ¹ :
Job Description:		
Place of Employment:	Dates:	
Supervisor:	Phone Number:	Can this person be contacted as a reference ¹ :
Job Description:		
Place of Employment:	Dates:	
Supervisor:	Phone Number:	Can this person be contacted as a reference ¹ :
Job Description:		

Volunteering Information		
Organization:	Dates:	
Contact:	Phone Number:	Can this person be contacted as a reference ¹ :
Description:		
Organization:	Dates:	



Contact:	Phone Number:	Can this person be contacted as a reference ¹ :
Description:		

¹: A total of three references are required total from work and volunteering experience. Contact with two of these must be achieved. Please list only the three you would want contacted.

Academic Information	
Highest level of Education:	Date Completed/Expected:
Name of School:	
Program:	

Qualifications & Experience
Do you hold any valid certificates? <small>Note: Proof of valid certificates will be required during interviews.</small>
Do you hold a valid first aid or CPR certificate? Issued by: <small>Note: Proof of valid certificates will be required during interviews.</small>
What experience do you have working with children, and/or children with special needs?
What, if any, special experience or training, in addition to what is previously noted, do you feel would qualify you for this position?
What experience do you have working in a summer camp environment?



Have you worked with people who have cancer?	Does anyone close to you have cancer at present?
Has anyone close to you died of cancer in the past 3 years?	Have you had chicken pox? If yes, when:
Do you have any: Allergies Previous back injuries or lifting restrictions Oncology treatment Psychosocial issues Physical Limitations Travel Exposures (Avian flu, TB, Sars, etc.)	
<i>Note: A brief medical history form will be required to be filled if selected. This form will be confidential and will not be viewed by any member aside from medical staff if required.</i>	
Driver's License: Class:	Languages Spoken:
Do you Smoke?	
<i>Note: Camp Delight is a tobacco free camp for campers, staff, parents, and guests. Cigarettes and tobacco products are not permitted.</i>	

Camp Information	
Which age group of campers would you prefer to be assigned?	If not applying full time please list available dates: <i>Note: Preference is given to full time candidates</i>
In the event of cancellation would you be available on short notice?	
A certificate of conduct from the police detachment where you are residing is required. Is this a problem? ²	A vulnerable sector check will be required from the police detachment where you are residing. Will this be a problem? ²

²: the cost, if any, for these forms will be incurred by this organization.

Thank you for your application to Camp Delight and for your interest in our organization. For more information please visit

www.CandlelightersNL.ca

Please save this form as file name Firstname_Lastname.PDF and return the completed application to:

CampDelight@Candlelightersnl.ca

If there is any, questions, problems, concerns, or anything else please feel free to contact me.

Signature:	Date:
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