



# Returning Spring/Summer/Fall Volunteer 2017

## Application Form

Please print clearly, application questions must be filled out by the applicant

Applicants Name: \_\_\_\_\_

Gender: [ ] Male [ ] Female    Birthday (DD/MM/YY): \_\_\_\_\_    Age (as of June 1): \_\_\_\_\_

T-Shirt Size (please check one) [ ] Small [ ] Medium [ ] Large [ ] X-Large

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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

Name of Church Attending (if any): \_\_\_\_\_

Name of School Attending (if any): \_\_\_\_\_

Guardians' Name: \_\_\_\_\_

Guardians' Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

### CHECKMARK YOUR CHOICE(S)

- Spring Break Camp**  
March 17-24

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- Spring Mini Camp**  
May 5-7

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- May 1- August 29**  
Summer Program Director  
Leader in Training Director

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- June 1- August 29**  
Chapel Leader  
Maintenance Intern  
Waterfront Director  
Head Cabin Leader

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- June 29- August 29**  
Sr. Cabin Leader  
Jr. Cabin Leader  
First Aid Attendant  
Video Tech/Photographer  
Kitchen Assistant  
Camp Housekeeper  
Camper Support Worker

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- Fall Mini Camp**  
October 27-29

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- Other Dates:**  
\_\_\_\_\_ to \_\_\_\_\_

I am applying for the position of:

OR

- I would like the camp to send me more information on the Summer Missionary Assistance Program (SMAP) (Applicants must apply before June 9, 2017)

**All summer volunteers are required to attend staff training JUNE 29- JULY 4. NO EXCETIONS**

Note: Please attach separate pages with the answers to the following questions. Answer each question fully, but limit yourself to a maximum of four pages. Be sure to answer the questions truthfully, and be sure your answer reflects the question asked. All your answers will be kept confidential and only seen by the director and necessary full time staff.

### General Information

1. Why are you re-applying to volunteer at Maple Springs Bible Camp?
2. How was your previous experience at MSBC?
3. What would you change from your previous experience?
4. Who would win in a fight between cowboys and aliens and why?

### Faith

5. What is your involvement in the Church, past and present?
6. How are you growing in your spiritual life?
7. Please explain any use of (or involvement in) occult activity, inappropriate sexual behavior, self-harm, tobacco, alcohol, or nonmedical drugs during the past year. Explain your present belief or attitude with respect to each of these items.

### Experience: Work/Camp

1. In which of the following areas do you have experience? Please mark "C" if you are certified, "T" if you can teach it, "A" if you can assist, or "L" if you are interested in learning it

\_\_\_\_\_ Archery

\_\_\_\_\_ Skateboards/BMX

\_\_\_\_\_ Riflery

\_\_\_\_\_ Crafts

\_\_\_\_\_ Dance

\_\_\_\_\_ Drama

\_\_\_\_\_ Wilderness Survival

\_\_\_\_\_ Leather Working

\_\_\_\_\_ Canoeing

\_\_\_\_\_ Water Sports

\_\_\_\_\_ Hiking

Other: \_\_\_\_\_

### Commitments and Pledge

I have considered the matter prayerfully and I am willing to be subject to the jurisdiction of MSBC for the time I've committed to the camp. I understand that this applies to **each camp and the days in between camps**. I choose to cooperate fully and to maximize every opportunity for personal spiritual growth. I understand that applicants are selected on the basis of spiritual and character qualifications. I understand that anyone demonstrating a poor attitude or a poor quality of service is subject to dismissal. As a volunteer I will abstain from involvement in sexual expression, exclusive relationships, gambling, and the use of nonmedical drugs, alcohol, tobacco and occult activity. I agree to the Doctrinal Statement of MSBC (see information package). I commit myself to keep in contact with campers throughout the following year and to encourage them to grow in their faith. **I will be a public example of someone who is following Jesus in all aspects of my life.** I have no outstanding criminal record, or charges against me. I understand that my services are completely voluntary.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Guardian if under 18

\_\_\_\_\_  
Date

**Please use this scale to complete the following self-evaluation:**

1- low 2- below average 3- average 4- very good 5- excellent

a. Ability to work with others	1	2	3	4	5
b. Ability to follow instructions	1	2	3	4	5
c. Ability to relate to children/youth	1	2	3	4	5
d. Level of spiritual maturity	1	2	3	4	5
e. Ability to take initiative	1	2	3	4	5
f. Concern for others	1	2	3	4	5
g. Respect for authority	1	2	3	4	5

**References**

Please provide us with two (2) non-related adults (a **Pastor**, and a **Non-Related Adult**) who can give reference to your character, abilities, and spiritual growth. Please note: no full time staff of Maple Springs is able to give you a reference, and all references must be over the age of 19. If you are unable to find a pastor or a teacher, then provide the information of a different non related adult. We will be contacting these references via phone or email.

Pastor Reference: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Position/Church: \_\_\_\_\_

Non-Related Adult Reference: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

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

I give permission for Maple Springs Bible Camp to contact previous employers and references for applicable information

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Guardian if under 18

\_\_\_\_\_  
Date

## MEDICAL INFORMATION

Full Name: \_\_\_\_\_

Medical Health Number: \_\_\_\_\_ All required immunizations current? [ ]Yes [ ]No

Doctors Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Alternate Contact (NOT the applicant's guardian): \_\_\_\_\_

Relation to child: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Current Medications: \_\_\_\_\_

- All medications must come to camp in the form of a bubble pack from a Pharmacist, clearly labeled with name and dosage
- Please provide your own medications
- All medication, including Aspirin must be turned over to the first-aider
- Every reasonable effort will be made to contact guardians if the applicant is under 18 and requires medical attention

1. Allergies: \_\_\_\_\_

**Asthma/Diabetes:** If you have asthma and/or diabetes, please provide details on a separate sheet of paper

2. Special Dietary Needs: \_\_\_\_\_

3. Camp is an intense physical experience. Are there any medical or physical limitations you may have while participating?

[ ]Yes [ ]No

If yes, please specify: \_\_\_\_\_

4. Are there any mental health diagnosis or limitations that may affect your leadership at camp (depression, eating disorder, ADD/ADHD, self-harm, etc.)

[ ]Yes [ ]No

If yes, please specify: \_\_\_\_\_

## MAPLE SPRINGS BIBLE CAMP & ONE HOPE MINISTRIES OF CANADA

### Informed Consent & Assumption of Risk Agreement

**WARNING: By signing this document you will waive certain legal rights, including the right to sue. Please read carefully.**

1. This is a binding legal agreement; therefore clarify any questions or concerns before signing. As a Participant in camps, events, programs, and activities organized, operated or conducted by Maple Springs Bible Camp and One Hope Ministries of Canada (collectively the "Events"), the undersigned, being the Participant and the Parent/Guardian of the Participant (collectively the "Parties") acknowledge and agree to the following terms:

#### DISCLAIMER

2. Maple Springs Bible Camp and One Hope Ministries of Canada and its directors, officers, committee members, members, employees, volunteers, participants, agents and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income, or loss of any kind suffered by a Participant during, or as a result of, participating with the Organization and/or in any Events, caused by the risks, dangers and hazards associated with the Organization and/or the Events.

#### DESCRIPTION OF RISKS

3. The Participant is participating voluntarily with the Organization and/or in the Events. In consideration of the Participant's participation in with the Organization and/or in the Events, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and may be exposed to such risks, dangers, and hazards. The risks, dangers, and hazards include, but are not limited to, injuries from participating in or with the following activities or equipment: Archery, Flag/Touch Football, Swimming (Pool), Arts and Crafts, Performing Arts, Canoeing, Hiking, Slip and Slide, Field games.

4. The risks, dangers, and hazards also include, but are not limited to, injuries from:

- a) Failing to comply with the rules established for participation
- b) Bad weather conditions including hypothermia, sunstroke, or dehydration
- c) Vigorous physical exertion, rapid movements, and quick turns and stop
- d) Failing to remain within designated areas and supervised activities

#### Furthermore, the Parties are aware:

- a) That the Participant's risk of injury is reduced if he or she follows all rules established for participation; and
- b) That the Participant's risk of injury increases as he or she becomes fatigued.

#### RELEASE OF LIABILITY

5. In consideration of the Organization allowing the Participant to participate, the Parties agree:

- a) To freely accept and fully assume all such risks, dangers and hazards and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from participating with the Organization and/or in the Events; and
- b) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of the Participant's participation with the Organization and/or in the Events, or from the physical risks associated with same.

#### ACKNOWLEDGEMENT

6. The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, executors, administrators and representatives.

Printed Name of Participant

Signature of Participant

Date of Birth

Printed Name of Guardian (if under 18)

Signature of Guardian

Date

## Parent/Guardian Permission Form (for applicants UNDER the age of 18)

### Please read prior to applying

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment, services and transport necessary to maintain the health of my child. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and or private medical insurance. I agree that the information on this form may be disclosed to such emergency and health care personnel. In the event of illness, accident, emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to Maple Springs Bible Camp and One Hope Ministries of Canada. All known health issues of my child have been stated to the camp. I will notify the camp if my child is exposed to any infectious diseases prior to arriving at camp.

I agree to allow photographs or video of camp activities, which may include my child, to be used in camp promotional material including without limitation brochures, CDs, DVDs, the camp website and newsletters.

I have read and understood the terms of this agreement and BY ALLOWING MY CHILD(REN) to participate in the camp, I am voluntarily agreeing to abide to these terms. I confirm that the participant [my child] is physically and mentally able to participate in all activities of the camp, unless specifically indicated otherwise in writing.

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Child's Name

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Signature of Guardian

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Date

## Permission Form (for applicants OVER the age of 18)

### Please read prior to applying

In case of emergency, I understand every effort will be made to contact my guardian. In the event that my guardian cannot be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment, services and transport necessary to maintain my health. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and or private medical insurance. I agree that the information on this form may be disclosed to such emergency and health care personnel. In the event of illness, accident, emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to Maple Springs Bible Camp and One Hope Ministries of Canada. All known health issues have been stated to the camp. I will notify the camp if I am exposed to any infectious diseases prior to arriving at camp.

I agree to allow photographs or video of camp activities, which may include me, to be used in camp promotional material including without limitation brochures, CDs, DVDs, the camp website and newsletters.

I have read and understood the terms of this agreement and BY PARTICIPATING IN THE CAMP, I am voluntarily agreeing to abide to these terms. I confirm that I am physically and mentally able to participate in all activities of the camp, unless specifically indicated otherwise in writing.

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Printed Name

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Signature

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Date