

Camp Cornerstone 2018
Volunteer Staff Application

Name: _____
Date of Birth: _____ Male / Female (circle one)
Age: _____ Home Phone: _____
Address: _____ City: _____
Postal Code: _____ Email: _____

<u>Office Use Only</u>
<input type="radio"/> Youth Staff
<input type="radio"/> Jr. High
<input type="radio"/> Adult
<input type="radio"/> P2P Trained
<input type="radio"/> Criminal Record Check
<input type="radio"/> Placement:

****Please note that those over the age of 16 require a police check within the last 5 years, on file at the church.****

Please answer the following questions. All information is kept confidential in accordance with our Privacy Policy.

I am willing to attend the Staff Orientation Session following my application (August 19th, 2018)

***If no please contact Aniesa to set up an alternative training session**

Preference of Position: _____

Health Information

Health Card Number: _____ Expiry Date: _____

Family Physician: _____ Phone Number: _____

#1 Emergency Contact Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

Do you have any physical limitations that we should be aware of? No or Yes (explain below)

Allergies & Treatment: _____

Food Restrictions: _____

Presently on medications other than listed above: _____

I understand that Cornerstone Community Church is responsible for the welfare of any person(s) entrusted to my care and thus I will cooperate 100% with the leaders and those in authority at this camp. It is my desire to serve the children and do my best to fulfill my obligations to the children of this camp.

Signature of Applicant

Date

Signature of Parent (if applicant is under the age of 18)

Date