



# GLEN BERNARD CAMP

## STAFF APPLICATION FORM

*Please print*

NAME IN FULL \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PHONE # \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PHONE # \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE (M/D/Y) \_\_\_\_\_ SIN # \_\_\_\_\_ EMAIL \_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ STANDING \_\_\_\_\_

UNIV/COLLEGE \_\_\_\_\_ YEAR/PROG \_\_\_\_\_

**EXTRA-CURRICULAR ACTIVITIES** (please list):

\_\_\_\_\_ YEARS \_\_\_\_\_ POSITION \_\_\_\_\_

\_\_\_\_\_ YEARS \_\_\_\_\_ POSITION \_\_\_\_\_

**PREVIOUS CAMP EXPERIENCE** (list camps):

\_\_\_\_\_ DATES \_\_\_\_\_ CAMPER / STAFF

\_\_\_\_\_ DATES \_\_\_\_\_ CAMPER / STAFF

OTHER RELATED EXPERIENCE /TRAINING \_\_\_\_\_

**YOUR SPECIFIC SKILLS** (list highest level achieved in each of the following):

SWIMMING/LIFESAVING \_\_\_\_\_

CANOEING \_\_\_\_\_

KAYAKING \_\_\_\_\_

SAILING/BOARDSAILING \_\_\_\_\_

TRIPPING \_\_\_\_\_

ARTS & CRAFTS \_\_\_\_\_

LANDSPORTS \_\_\_\_\_

MUSIC & DRAMA \_\_\_\_\_

RIDING \_\_\_\_\_

ROCK CLIMBING \_\_\_\_\_

FIRST AID \_\_\_\_\_

OTHER \_\_\_\_\_

LIST PREVIOUS FULL OR PART-TIME EMPLOYMENT INCLUDING THE TYPE OF WORK:

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LIST ANY DISABILITIES OR ALLEGIES: \_\_\_\_\_

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LIST ANY SPECIAL SKILLS THAT YOU MIGHT OFFER TO GLEN BERNARD (eg. story-telling, photography, orienteering, song leading, etc.): \_\_\_\_\_

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WHY DO PARENTS SEND THEIR CHILDREN TO CAMP? \_\_\_\_\_

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WHAT DO YOU THINK A CAMP OWES TO ITS STAFF? \_\_\_\_\_

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WHAT DO YOU THINK A CAMP OWES TO ITS CAMPERS AND PARENTS? \_\_\_\_\_

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HAVE YOU MADE APPLICATION FOR OTHER SUMMER EMPLOYMENT? \_\_\_\_\_

WHY DO YOU WANT TO WORK AT GLEN BERNARD? \_\_\_\_\_

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WITH WHICH AGE GROUP DO YOU PREFER TO WORK? \_\_\_\_\_

DESIRED POSITION(S) ON GBC STAFF: \_\_\_\_\_

ON WHICH DATE ARE YOU AVAILABLE TO BEGIN? \_\_\_\_\_ SALARY EXPECTED \_\_\_\_\_

If you have not taken leadership training at Glen Bernard or have not previously been on staff, please list the names and addresses of three people who would be in a position to comment on you as a potential camp staff member.

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Date of Application

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

Please attach your resume and any additional information that you feel is significant to your application. Please forward by mail, fax or email to: Glen Bernard Camp, 206 Lord Seaton Rd., Toronto, ON, M2P 1K9 phone (416) 225-4166, fax (416) 225-6036, email: [info@gbcamp.com](mailto:info@gbcamp.com), website: [www.gbcamp.com](http://www.gbcamp.com)