



GLEN BERNARD CAMP

FOOD SERVICE OR FACILITIES 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 _____

COURSES: _____

EXTRA-CURRICULAR ACTIVITIES (please list):

_____ YEARS _____ POSITION _____

_____ YEARS _____ POSITION _____

PREVIOUS CAMP EXPERIENCE (list camps):

_____ DATES _____ CAMPER / STAFF

_____ DATES _____ CAMPER / STAFF

OTHER RELATED EXPERIENCE / TRAINING _____

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

(see over)

LIST ANY DISABILITIES OR ALLEGIES: _____

LIST ANY SPECIAL SKILLS THAT YOU MIGHT OFFER TO GLEN BERNARD: _____

WHAT DO YOU THINK A CAMP OWES TO ITS STAFF? _____

HAVE YOU MADE APPLICATION FOR OTHER SUMMER EMPLOYMENT? _____

WHY DO YOU WANT TO WORK AT GLEN BERNARD? _____

DESIRED POSITION(S) ON GBC STAFF: _____

ON WHICH DATE ARE YOU AVAILABLE TO BEGIN? _____ SALARY EXPECTED _____

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

RELATIONSHIP TO YOU

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, website: www.gbcamp.com