



For office use only	
Date Received	Ref. Received
Acceptance Sent	Contract Received

BETHANY SPORTS CAMPS 2010 – Staff/Volunteer Application (please print in ink)

Name _____ Male/Female
 Address _____
 City _____ Prov. _____ Postal Code _____
 Birth Date (yr/mm/dd) _____ Social Insurance # _____
 Phone # _____ Fax # _____
 Email _____
 T-Shirt Size: (Adult Sizes): Please check one XS S M L XL XXL

Dates Available to work:

ATTACK - Volleyball Camp July 5-9 _____
 Above the Rim - Basketball Camp July 12-16 _____
 STRIKE – Soccer Camp July 12-16 _____

EDUCATION RECORD

	Name	Years Attended	Date (yr/mm/dd)	Degree (if applicable)
High School				
Bible College				
University/College				

EMPLOYMENT RECORD

Employers Name	Dates Employed	Position/responsibilities

ACTIVITY AND CHURCH BACKGROUND

1. What church do you attend? _____ Denomination _____
2. Are you a member? Yes No

PERSONAL INFORMATION (please provide this information on a separate sheet of paper)

1. Briefly share how you became a Christian. Also, what is God doing in your life right now?
2. List your experience as a player/coach.
3. List your camp experience – either BSC or other.
4. Why would you like to be a part of the camp staff team? What are your experiences working as a team player?
5. How do you see your gifts/talents fitting into Sports Camps?
6. What do you see as your strengths/weaknesses?



7. Have you ever been convicted for a criminal or sexual offense? No Yes If yes, please explain.
8. A criminal check must be completed and submitted to the Bethany office before application can be processed. Take the attached letter explaining your purpose to the police station with your name on it, to ensure no extra fee.

I AM INTERSTED IN APPLYING FOR:

- | | | | | |
|--|-------------------------------------|-------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Head Instructor: | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Both weeks |
| <input type="checkbox"/> Coach: | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Both weeks |
| <input type="checkbox"/> Assistant Coach: | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Both weeks |
| <input type="checkbox"/> Support Staff: | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Both weeks |
| <input type="checkbox"/> Media: | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Both weeks |
| <input type="checkbox"/> Program Coordinator: | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Both weeks |
| <input type="checkbox"/> Food Services: | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Both weeks |

Honoraria are available for a limited number of staff positions. Please indicate (x) whether you wish to:

- Receive Honorarium** **Volunteer Service**

REFERENCES:

Name _____
 Relationship _____
 Address _____
 City _____ Prov. _____ Postal Code _____
 Phone # _____
 Email _____

Name _____
 Relationship _____
 Address _____
 City _____ Prov. _____ Postal Code _____
 Phone # _____
 Email _____

It is our policy to contact references. May we contact these references? Yes No

Signature _____ Date _____

Return to Bethany Sports Camps by June 1, 2010:

By Mail to: Box 160, Hepburn, SK S0K 1Z0

By Fax to: (306) 947-4229

By Email to: bsc@bethany.sk.ca



HEALTH REPORT – Please Print

Applicants Full Name _____ Provincial Health Number _____

Name of Family Doctor _____ Clinic _____ Phone _____

Next of Kin (Parent if under 18 years old) _____

Address _____ City/Town _____ Prov. _____

Postal Code _____ Phone (H) _____ (W) _____ (C) _____

HEALTH HISTORY

1. Do you suffer from any medical/emotional condition that in any way restricts normal activities including land and water sports? Asthma Diabetes Epilepsy Other If Yes, explain:

2. Are you subject to any of the following: Fainting Convulsions Seizures Other Explain:

3. Have you been treated by a health care professional for any medical/emotional condition in the past 12 months? No Yes, If Yes, explain:

4. Please list any allergic reactions and the severity of the reaction: Penicillin Peanuts Bee Stings Other explain:

5. List any medications you are currently taking: Ritalin Puffers Other explain:

6. Are you on a special diet? No Yes If Yes, explain:

Date of last physical examination ___/___/___ (mm/day/yr)

I declare this health history to be accurate to my knowledge. I hereby give permission to the doctor/nurse selected by the camp to provide me with medical treatment in case of an emergency.

Date _____ Signature _____

(Parent if under 18 years of age)



May 1, 2010

Dear Sir/Madame,

This is a statement explaining that _____ is applying to volunteer for work at Bethany Sports Camp for the summer of 2010. We are a non-profit organization that requires a criminal check to be done for all volunteers and staff members. Our understanding is that anyone applying to a non-profit organization is exempt from the charge for criminal checks. If there are any questions, please contact us here at our office at 1-866-772-2175.

Camping with a Purpose,

Joy Lise Nokinsky
Director of Advancement
Bethany College
Bethany Sports Camp