

# CAMP MANITOU BAY OF ISLANDS

# Volunteer Application

Please complete this form and submit it to the appropriate camp officer.

For what position are you applying:

<input type="checkbox"/> 1st Cook Submit to Chair of Kitchen Committee	<input type="checkbox"/> Camp Manager Submit to Chair of Facilities Committee	<input type="checkbox"/> Waterfront Senior Lifeguard (18+) Submit to Chair of Program Committee
<input type="checkbox"/> 2nd Cook	<input type="checkbox"/> Assistant Manager	<input type="checkbox"/> Waterfront Junior Lifeguard
<input type="checkbox"/> Assistant Cook		

<input type="checkbox"/> Cabin Counselor Submit to appropriate Camp Director	<input type="checkbox"/> Camp Director Submit to Camp Manitou Secretary
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To which camp(s) are you applying:  Youth Camp  Family Camp

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Camp(s) \_\_\_\_\_  
Camp Dates \_\_\_\_\_  
Age: \_\_\_\_\_ yrs.

## Certifications

Pleasure Craft Operator Card?  YES  NO  
G class Driver's License  YES  NO  
First Aid \_\_\_\_\_  YES  NO  
CPR \_\_\_\_\_  YES  NO  
NLS Registered Lifeguard Certificate  YES  NO  
Safe Food Handling Certification  YES  NO  
Other: \_\_\_\_\_

## Experience:

Have you volunteered at Manitou before?  YES  NO

Briefly describe your past involvement.

Briefly explain the skills you have that make you an ideal candidate for consideration.

## References:

List the name and phone number of two people who will provide a reference for you. We recommend employers, teachers, counselors, ministers or other people who can give an account of your skills and work style.

Name	Phone Number	E-mail

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**Resume (CV):**

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If you have a resume, you may attach it in hard copy or as a Microsoft Word (.doc or .rtf) or Adobe Acrobat (.pdf ) file.

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**Volunteer Screening**

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Camp Manitou Bay of Islands requires all volunteers over 18 years of age to submit a criminal background check. These can be acquired through your local police and sent by Canada Post to the appropriate contact person.

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**Applicant Statement**

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I certify that all information provided in this application is true. I understand that any false information or omission may disqualify me from further consideration as a volunteer. I authorize any person, school, law enforcement agency, employers and organization named in this application to provide relevant information about me. I understand that my volunteer appointment will not begin until I have passed the required screening.

\_\_\_\_\_ I confirm that I have read, understand, and consent to these statements. \_\_\_\_\_