



## Staff Application

**NAME:** \_\_\_\_\_ Male  Female

*Please print*

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone #: Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ School/temporary phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

### Personal Information

Social Insurance #: \_\_\_\_\_ Birthdate: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(dd - mm - yy)

Health Card #: \_\_\_\_\_ Out of Province Insurance \_\_\_\_\_

In case of emergency please notify: \_\_\_\_\_

Phone: *Home:* (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ *Work:* (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ *Mobile:* (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name & Denomination of Church \_\_\_\_\_

Attendance: Regular, Occasional, Seldom (*circle one*)

Pastor or Elder: \_\_\_\_\_ Youth Pastor: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Do you have a valid Driver's license or G2?  YES  NO A clean driving record?  YES  NO

Have you ever been convicted of a criminal offense to which a pardon has not been granted?  YES  NO

Have you ever been investigated by the Children's Aid Society regarding any kind of abuse?  YES  NO

### Employment, camping and leadership experience:

Organization Position Held Dates

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### Educational Background:

High School: \_\_\_\_\_ Current Status: \_\_\_\_\_

College/University: \_\_\_\_\_ Current Status: \_\_\_\_\_

Other Training: \_\_\_\_\_



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Please answer **all** the following questions on a separate piece of paper.

1. What does it mean to be a Christian? Are you a Christian? How do you know?
2. How have you been growing spiritually over the past year?
3. In what area are you hoping to grow while at Mini-Yo-We?
4. Summarize your involvement in church & other Christian organizations this year.
5. What is (are) your reason(s) for wanting to be at Mini-Yo-We Outdoor Centre?

### REFERENCES (Do not list high school students or relatives)

Please list below the people to whom you have given Reference Forms.

**Pastor/Youth Director** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Employer/Supervisor** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Adult Family Friend** \_\_\_\_\_ **Phone #** \_\_\_\_\_

### SKILLS AND OTHER QUALIFICATIONS

Please check those skills in which you have qualifications or experience. Include years of experience, certification and training.

List qualifications and include photocopies of awards if applicable.

	Experienc e	Qualification s	Details of experience and qualifications
Canoeing	<input type="checkbox"/>	<input type="checkbox"/>	
Kayaking	<input type="checkbox"/>	<input type="checkbox"/>	
Sailing	<input type="checkbox"/>	<input type="checkbox"/>	
Mountain Biking	<input type="checkbox"/>	<input type="checkbox"/>	
Archery	<input type="checkbox"/>	<input type="checkbox"/>	
Organized Sports	<input type="checkbox"/>	<input type="checkbox"/>	
Wilderness Adventure	<input type="checkbox"/>	<input type="checkbox"/>	
Rock Climbing	<input type="checkbox"/>	<input type="checkbox"/>	
High Ropes	<input type="checkbox"/>	<input type="checkbox"/>	
Rappelling	<input type="checkbox"/>	<input type="checkbox"/>	
Outdoor Education	<input type="checkbox"/>	<input type="checkbox"/>	
Low Ropes	<input type="checkbox"/>	<input type="checkbox"/>	
Team Building	<input type="checkbox"/>	<input type="checkbox"/>	
Cross Country Skiing	<input type="checkbox"/>	<input type="checkbox"/>	
Orienteering	<input type="checkbox"/>	<input type="checkbox"/>	
Quinzees	<input type="checkbox"/>	<input type="checkbox"/>	



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By signing below I am:

1. Authorizing Mini-Yo-We Outdoor Centre to speak to any references that I have named
2. Agreeing to a 'Police Check' if required

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(if applicant is under 18 years old)*