

# GOOD SPIRIT BIBLE CAMP

## LEADER IN TRAINING APPLICATION FORM



Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Preferred Contact Option:  Email  Call  Text

### Medical Information

Do you have any physical or mental limitations or disabilities that in any way restricts normal activities (including land and water sports)?  Yes  No  
If yes, please explain.

Do you have allergies of any type?  Yes  No  
If yes, please explain.

Are you on a special diet?  Yes  No  
If yes, please explain.

### Emergency Contact Information

Contact Person (Parent or Guardian if under 18)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I declare that this health information is accurate to the best of my knowledge. I hereby give permission for medical staff to provide the applicant with medical treatment in case of emergency.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Personal Questions

When did you become a Christian? \_\_\_\_\_

What church do you attend? \_\_\_\_\_ How regularly? \_\_\_\_\_

How have you been involved in the church or community in the past 3 years?

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### References

Please provide the name, full mailing address and phone number for 1 reference. They must be 18 years or older, have known you a minimum of 2 years and cannot be a relative.

\* Please inform your reference that you have used their name.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Agreement

All applicants are required to agree to and comply with the following. All documents can be viewed online by clicking the highlighted text, or contact the camp office.

- 1) I have read and understood the responsibilities of the position in the [job description](#) and believe that I possess the appropriate qualifications and level of experience to fulfill these tasks.
- 2) I agree with and will comply to the [expected conduct](#) of Good Spirit Bible Camp
- 3) I agree with and will comply to the [doctrines and beliefs](#) held Good Spirit Bible Camp and the North American Baptist Conference.
- 4) I understand the [mission and goals](#) of Good Spirit Bible Camp and agree to work toward their fulfillment.
- 5) I give permission for Good Spirit Bible Camp to use any photographs or video of me for promotional materials.
- 6) I understand the risks involved with summer camp activities and therefore release Good Spirit Bible Camp and the Saskatchewan Baptist Association from any liability due to injury or loss.
- 7) I understand that failure to comply with any of these standards may result in loss of employment.

By signing, I understand and agree to each of the statements above. I declare that the information provided on this form and on any attachments is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Date

### Checklist

Below is a checklist of items that need to be submitted for this application to be processed. Please keep in mind that the **deadline for this application is July 1st.**

- Reference Contact Information
- Signed Health Release and Agreement Statements
- \$60 Registration Fee

Good Spirit Bible Camp  
Box 295 Springside, SK S0A 3V0  
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