SUNSHINE RIDGE BAPTIST CHURCH KIDZ ZONE SUMMER DAY CAMP 2024

Summer Day Camp Staff Application Form

PAF	RT ONE: GENERAL INFORMATION	
Nan	ne:	Date of Birth Sex: Male Female
Add	ress:	
Ema	il:	Home/Cell Phone:
	ITION YOU ARE APPLYING FOR: Day Camp Director Day Camp Activities Leader Day Camp Assistant TTWO: PERSONAL HISTORY What do you think is the purpose of Sunshin	Are you certified in CPR and/or First Aid? Do you have a current FoodSafe Certificate? Do you have a Criminal Check on file? Driver's Licence & Type? Driver's Licence & Type?
2.	Why do you want to work at Day Camps this	s summer?
3.	In what capacity, have you worked with child	dren in the past? Please list positions and responsibilities.
4.		Tell us about any church experience or involvement that you think will help amp team. What have you learned from these experiences?
5.	Describe any unique interest or skills you ha	ive to contribute to the Day Camp.
6.		our personal testimony, outlining how you came to faith in Jesus Christ and what day. Your application will not be processed without this information.
PAR	T THREE: REFERENCES	
		leader and another from any individual who has worked with you in the past. and forward them to Pastor Grant Kirlik, prior to the April 26, 2024 deadline.
App	licant Signature	 Date

Please return to:	Pastor Grant Kirlik Sunshine Ridge Baptist Church 6230 – 120 th Street Surrey, BC V3X 1Y7	Deadline for Submission of References: April 26, 2024
INSTRUCTIONS TO	APPLICANT:	
a working environmyour chosen refered	nent. After completing the sectiones. They are to complete this form	church leader and one from an individual who has observed you in immediately below, please give a copy of this form to each of and return it to Pastor Grant Kirlik by the appropriate date, as s cannot be given by anyone related to you.
Applicant Name		Position
INSTRUCTIONS TO		erence for his or her potential employment at our Church Day
Camp this summer.		eturn it to us (address above) by the appropriate date. Thank you
Reference Name		
Address		Home Phone Number
		Cell Phone Number
		E-Mail Address
		Reference Questions on Reverse

1.	. For how long and in w	hat capacity have you	known the applicant?				
2.	. Please check as appro	priate:					
		UNABLE TO RATE	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING	
	Leadership Skills						
	Organizational Skills						
	Interpersonal Skills	1					
	Communication Skills						
	Creativity						
	Initiative						
	Dependability						
	Flexibility						
	Relating to Children						
3.	. Would you recommen	d this applicant? Why	y or Why not?				
4.	. Any further comments	s or additional informa	ation you would like to	provide?			
I hereby declare that all the information provided above is true and accurate.							
R	eference Signature		_	Date			

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hereby declare that all the	information provided a	above is true and accur	ate.		
Reference Signature		Date			