



YMCA

We build strong kids,
strong families, strong communities.

YMCA of Greater Vancouver YMCA Camps Employment & Volunteer Application

Please indicate (in order of preference) which position(s) (including camp) you are applying for. Applications not stating a specific position may not be considered. Job descriptions and other information can be found on our website at www.vanymca.org/camps/workingatcamp.html

1	Position:	2	Position:	3	Position:	
	Camp:		Camp:		Camp:	
PERSONAL	Surname:		Given Names:			
	Address:		City:	Postal Code:		
	Home Phone:		Work/Message:	Email:		
	Is your ability to perform your duties likely to be affected by a current or previous illness or disability? If yes, please give details.					Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you at least 17 years of age? (Please note that all paid program positions require you to be 18 years old by July 4 th , 2010)					Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you available to work/volunteer from June 26 th , 2010 to September 3 rd , 2010 (inclusive).					Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you legally entitled to work in Canada Yes <input type="checkbox"/> No <input type="checkbox"/>			Work Visa expiry date (if applicable): _____		
	(Optional) Do you belong to one of the following equity groups? Visible Minority <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> Aboriginal peoples <input type="checkbox"/> Women <input type="checkbox"/>					
List languages you can communicate in:						

CERTIFICATIONS	Do you hold a valid Standard First Aid certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Expiry Date:
	Do you hold a valid CPR certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Expiry Date:
	Do you hold a valid Bronze Cross certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Expiry Date:
	Do you hold a valid NLS certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Expiry Date:
	Do you hold a valid Basic Solo Paddler certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Expiry Date:
	Do you hold a valid Boat Operators' License?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Expiry Date:
	Do you hold a valid Food Safe Certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Expiry Date:
	Do you hold a valid Serving It Right Certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Expiry Date:
	Do you hold a valid Superhost Certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Expiry Date:
	Do you hold a valid WHIMIS Certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Expiry Date:
Please list other relevant certifications you hold:				

S K I L S\	What Camping Skills/Experience do you have? On the list below, please indicate your level of skill or abilities on a scale of 1-4 for each activity			
	1 – Experience Teaching/Instructing	2 – Participated in regularly	3 – Have tried once or are willing to try	4 – Never tried, unwilling to learn
	<i>Outdoor Activities</i>	<i>Camping Skills</i>	<i>Arts skills</i>	<i>Sports/Games</i>
	Swimming _____	Hiking/Backpacking _____	Song Leading _____	Group Games _____
	Kayaking _____	Tent Set-up _____	Singing _____	Soccer _____
	Canoeing _____	Campsite Set-up _____	Guitar _____	Tennis _____
	Sailing _____	Fire Building _____	Drama _____	Others (Please Specify) _____
	High Ropes _____	Outdoor Cooking _____	Story Telling _____	
	Low Ropes _____	Bear Hang Setup _____	Arts & Crafts _____	
	Rock Climbing _____	Canoe Tripping _____	Initiative Tasks _____	
Archery _____	Orienteering _____			

R E F E R E N C E S	I hereby authorize the employer to contact the below listed references to fulfill the purpose of conducting confidential reference checks as required		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Reference #1 Name:	Position Title	
	Relationship to Applicant:	Reference #1 Phone:	
	Reference #2 Name:	Position Title	
	Relationship to Applicant:	Reference #2 Phone:	
	Reference #3 Name:	Position Title	
	Relationship to Applicant:	Reference #3 Phone:	

Declaration Applicable to All Applicants Including Employees

I certify that I have read the above statements. I further certify that all of the statements made by me in this application are true and complete to the best of my knowledge. I understand and agree that falsification or omission of information called for will make me subject to discharge from employment or volunteer position.

Please attach a resume and cover letter to this application form.

I understand that any employment or volunteer position offer will be contingent upon a successful criminal record search and position of trust disclosure, and that it is my responsibility to make sure this search is completed (the employer will provide forms to complete to simplify the criminal record check process).

Signature

Date

The information you have provided will be used to determine your suitability for employment – please check it for completeness.

Please submit this completed application form with resume and cover letter to:

YMCA Camps
1760 YMCA Rd, Gibsons BC V0N 1V6
Fax: 1-604-886-2363
Email: campjobs@vanyma.org