



YMCA of Greater Vancouver

YMCA Camps Employment & Volunteer Application

Please indicate (in order of preference), which position(s) and 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	Last Name:		Given Names:		
	Address:		City:	PC:	
	Home Phone:		Cell Phone:		
	Email Address:				
	Is your ability to perform your duties likely to be affected by a current or previous illness or disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:				
	Are you available to work/volunteer from:				
			Spring - April 20th, 2012 to June 22nd, 2012?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Summer - June 22nd, 2012 to August 24th, 2012?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Fall - September 1st, 2012 to November 10th, 2012?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are you at least 17 years of age by July 1 st , 2012? (Please note that all paid position require you to be at least 18 years old by July 1st, 2012) 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"/>					
Do you speak another language? If yes, please specify:					

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-C 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 Wilderness First Aid Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date:	
	Do you hold a valid WHMIS certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date:	
	Please list any other relevant certifications you hold:	



SKILLS	What Camping Skills/Experience do you have? On the list below, please indicate your level of skill or ability on a scale from 1-4			
	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 _____	Song Leading _____	Group Games _____
	Kayaking _____	Tent Set Up _____	Singing _____	Soccer _____
	Canoeing _____	Campsite Set Up _____	Guitar _____	Golf _____
	Sailing _____	Fire Building _____	Drama _____	Tennis _____
	High Ropes _____	Outdoor Cooking _____	Story Telling _____	Basketball _____
	Low Ropes _____	Bear Hang Setup _____	Arts & Crafts _____	Volleyball _____
Rock Climbing _____	Canoe Tripping _____	Initiative Tasks _____	Other: _____	
Archery _____	Orienteering _____			

REFERENCES	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:	

I have read and understand the job descriptions (available online at www.vanymca.org) for the jobs for which I am applying. Should I be successful in obtaining a position, I understand that the job description for my position will form a part of my contract with the YMCA and that the duties and expectations outlined in the job description will serve as the basis for my evaluation.

Declaration Applicable to All Applicants

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.

I understand that any employment of 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.

Signature

Date

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

YMCA Camps
1760 YMCA Road
Gibsons, BC V0N 1V6

Fax: 1 (604) 886-2363

Email: campjobs@vanymca.org