



Directions: Please type or print clearly using INK. Please mail completed application directly to Maple Springs Bible Camp. You are also responsible to see that your referees complete and return the Reference Forms to camp. **Cabin leaders** must be at least 17 years of age. **Jr. Cabin Leaders** must be at least 16 years of age. I am applying for the position of: _____ OR _____
for the dates: **(Please check the date options you are applying for)**

- March 17-23, 2012
 - Spring Break Camp
- May 11-13, 2012
 - Spring Mini Camp
- June 1 – August 25, 2012
 - Assistant Program Director
 - Worship Coordinator
 - Leader in Training Director
 - Head Cabin Leader
 - Maintenance Intern
 - Waterfront Director
- June 26 – August 25, 2012
 - Sr. Cabin Leader
 - Jr. Cabin Leader
 - First Aid Attendant
 - Video Tech/ Photographer
 - Kitchen Assistant
- October 26-28, 2012
 - Fall Mini Camp
- Other: _____ to _____

PERSONAL INFORMATION

Name: _____ [] M [] F Date of Birth (dd/mm/yy): ____/____/____ Age: _____

Citizenship: _____ T-Shirt Size: S M L XL

Permanent Address:

Street/Box _____ City _____ Prov. _____ Postal Code _____

Phone (____) _____ Email Address _____

Home Church _____ Church Phone Number _____

School Name _____ Current Grade or Program _____

School Address: (if living away from home) Use School Address Until _____

Street/Box _____ City _____ Prov. _____ Postal Code _____

Phone (____) _____

GENERAL INFORMATION

Note: Please attach separate pages with the answers to the following questions (General/Faith/Experience). Answer each question fully, but limit yourself to a maximum of four pages. Point for is adequate for most questions. Be sure to **read all the questions** before you begin writing, and be sure your answer reflects the question asked.

1. Why are you applying to volunteer on the Summer Team at Maple Springs Bible Camp?
2. What do you hope to gain from this experience?
3. List your strengths and weaknesses. What areas do you feel you need to grow in?
4. Do you have any health concerns? (asthma, eating disorder, emotional problems, etc.)
5. Do you have any special food requirements or allergies?

FAITH

1. What is your definition of a Christian? How do you live this out in your life?
2. What is your relationship to the local church, past and present? Outline your involvement.
3. What are you currently growing in your spiritual life?
4. Please explain any use of (or involvement in) occult activity, tobacco, alcohol, or nonmedical drugs during the last year. Explain your present belief or attitude with respect to each of these items

EXPERIENCE: WORK/CAMP

5. List specific skills, hobbies, training, or expertise (if any) that will enable you to contribute to camp (include musical instruments, training, photography, video editing/production, carpentry, etc.)
6. How would your past employers describe your work habits?
7. Summarize your Christian camping experience (Where? When? What? Why?)
8. In which of these areas do you have experience? Please mark a 'C' if you are certified (please state what level of certification and by whom); a 'T' if you can teach it; an 'A' if you can assist; or an 'L' if you are interested in learning it.
_____ Archery _____ Water Sports _____ Crafts _____ Riflery
_____ Art _____ BMX _____ Hiking _____ Drama
_____ Soccer _____ Dance _____ Swimming _____ Canoeing
_____ Wilderness Survival Musical Instrument: _____ Other: _____

COMMITMENTS AND PLEDGE

I have considered the matter prayerfully and I am willing to be subject to the jurisdiction of MSBC for the current summer. I understand that this applies to **each camp and the days in between camps**. I choose to cooperate fully and to maximize every opportunity for personal spiritual growth. I understand that applicants are selected on the basis of spiritual and character qualifications. I understand that anyone demonstrating a poor attitude or a poor quality of service is subject to dismissal. As a Summer Volunteer I will abstain from involvement in sexual immorality, gambling, and the use of non-medical drugs, alcohol, tobacco, and occult activity. I agree to the Doctrinal Statement of MSBC (see application information). I will allow pictures of myself to be used for the purpose of promoting MSBC at the discretion of the camp. I commit myself to keep in contact with campers that make a decision to follow Christ at camp throughout the following year and to encourage them to grow in their faith.

I understand that my services are voluntary: Yes No
I would like to be considered for bursary monies: Yes No
I am planning to raise financial support with MSBC's help: Yes No

Signature of Applicant

Date

Signature of Parent if under 18

This form is your application for a Summer Team position. After reference forms have been received and processed we will contact you by email or telephone with regard to your acceptance.

REFERENCES

Three reference forms are included. It is your responsibility to give these to three persons (a **Pastor**, a **Teacher**, and a **Non Related Adult**) who can give reference to your character, abilities, and spiritual growth.

Please follow up with your references. Maple Springs must receive all 3 before considering your application

Ask them to mail it to: 5247 Inga Street
Peachland, BC V0H 1X8
Phone/Fax: 250-767-2354
Email: programdirector@maplesprings.ca

I give permission to MSBC to contact previous employers and references for applicable information.

Signature of Applicant

Date

Signature of Parent if under 18

CONFIDENTIAL SELF EVALUATION

Please check the statement that best applies to you.

- | | | |
|--------------------------|-------|---|
| 1. Responsibility | _____ | Excellent- follows through on assigned tasks and goes the extra mile
_____ Good- follows through on assigned tasks with diligence
_____ Average- usually finishes assigned tasks
_____ Poor- follows through on assigned tasks if convenient |
| 2. Work Habits | _____ | Excellent- takes pride in a job well done, smiles even during unpleasant jobs
_____ Good- hard working, dependable, punctual
_____ Average- completes most assignments, follows instructions
_____ Poor- often late, procrastinates, does just enough to get by |
| 3. Respect for Authority | _____ | Excellent- careful to maintain authority of leadership
_____ Good- respectfully follows chain of command
_____ Average- positive response to direction
_____ Poor- contemptuous, non-responsive, has a better way |
| 4. Initiative | _____ | Excellent- highly self-motivated, will look for things to do
_____ Good- will do things that need to be done
_____ Average- will do the obvious
_____ Poor- needs to be told what to do |
| 5. Leadership | _____ | Excellent- leader of leaders, pacesetter
_____ Good- consistent, positive, influential
_____ Average- contributes positively
_____ Poor- passive, indifferent, or negatively influential |
| 6. Judgment | _____ | Excellent- consistently makes wise decisions
_____ Good- makes wise decisions
_____ Average- makes good decisions in optimal situations
_____ Poor- hasty, indecisive, or easily swayed |
| 7. Concern for Others | _____ | Excellent- deeply sensitive to all others; puts others before self
_____ Good- sensitive to others, usually looks out for others first
_____ Average- general concern for most others
_____ Poor- concern for friends, lacks a real interest for others |
| 8. Personal Integrity | _____ | Excellent- extremely high values and consistently trustworthy
_____ Good- high values and very trustworthy
_____ Average- generally honest but may stretch the truth
_____ Poor- questionable or lacking at times |
| 9. Team Spirit | _____ | Excellent- always considerate, thoughtful, cooperative, a peacemaker
_____ Good- approachable, team builder, responds well to correction
_____ Average- usually cooperative, supportive, maintains team
_____ Poor- causes friction, impatient, works best alone |
| 10. Social Skills | _____ | Excellent- respects others, rich and growing relationships, includes outsiders
_____ Good- healthy friendship, relates well to others, makes new friends easily
_____ Average- some good friends, can relate positively with others
_____ Poor- lack of respect for others, socially awkward |
| 11. Spiritual Maturity | _____ | Excellent- an inspiration to others, actively involved in church
_____ Good- studies Bible and applies it, enjoys sharing faith
_____ Average- up and down, finds it difficult to share testimony
_____ Poor- weak testimony lacks enthusiasm for God |

Personality- Please check only those that apply to the Applicant. Please include negative characteristics- none of us are perfect! The point of this is to help us get an accurate picture of the applicant.

- | | | | |
|------------------------|-----------------------|----------------------------|-------------------------|
| _____ Abrasive | _____ Discerning | _____ Gracious, Hospitable | _____ Organized |
| _____ Adventurousome | _____ Disciplined | _____ Gregarious | _____ Perfectionist |
| _____ Amiable | _____ Disruptive | _____ Helpful, Generous | _____ Poor communicator |
| _____ Analytical | _____ Easily offended | _____ Independent | _____ Resourceful |
| _____ Angry, Bitter | _____ Encouraging | _____ Hard-working | _____ Risk Taker |
| _____ Arrogant, Vain | _____ Enthusiastic | _____ Initiator | _____ Self-Centered |
| _____ Assertive | _____ Expressive | _____ Joyful | _____ Servant-Hearted |
| _____ Blunt | _____ Extrovert | _____ Kind, Courteous | _____ Stubborn |
| _____ Confident | _____ Focused | _____ Lazy | _____ Sensitive |
| _____ Creative | _____ Forgiving | _____ Manipulative | _____ Teachable |
| _____ Critical | _____ Friendly | _____ Motivated | _____ Tolerant, Patient |
| _____ Dedicated, Loyal | _____ Fun, Playful | _____ Musical | _____ Trustworthy |
| _____ Dependable | _____ Gentle | _____ Open minded | _____ Withdrawn |
| _____ Diligent | _____ Gossip | _____ Optimistic | _____ Zealous |

MEDICAL INFORMATION FORM

Please print clearly and please complete the following information

Full Name: _____

Medical Health Number: _____ All immunizations current Y N

Alternate Contact (not your guardian): _____

Relation: _____

Phone: () _____ - _____ Alternate Phone: () _____ - _____

Current Medication: _____

- Please provide your own medications
- All medication, including aspirin must be turned over to the first aid attendant
- Every reasonable effort will be made to contact parents/guardians if staff member requires medical attention

Allergies: _____

Explain: _____

Asthma/Diabetes: If you have severer asthma and/or diabetes, please provide details on a separate sheet of paper

Special Dietary Needs: _____

Are there any activities in which you cannot participate due to health or disability?

Y N

If yes, please specify: _____

Is there any reason you may require extra supervision at any time?

Y N

If yes, please specify: _____

1. The Camp Directors reserve the right to dismiss any staff member who constitutes a hazard to the safety and rights of others, or demonstrates that he/she has rejected reasonable control. 2. The Camp Directors reserves the right to refuse any staff member for whom he/she feels the camp cannot provide adequate health care and/or supervision, out of concern of the staff member's health and safety. The camp director also reserves the right to refuse any staff who we feel is unable to understand and/or follow safety procedures. 3. We, the parent/guardian submitting this application are those having legal custody over the staff member. Conditions of custody, if applicable, will be fully communicated, in writing, to the camp... including photocopy of the sections of any court order referring to the visitation rights. 4. The signature of the parent/guardian of this application shall give the Camp Directors authorization to arrange for any special services or other requirements necessary for the best interest of the staff member and shall give the Camp Director authorization to approve and obtain medical attention necessary for the staff members' welfare and good health including ordering injections, anaesthesia, or surgery, if the parent/guardian cannot be reached. 5. We agree to permit use of photos and videos or other pictures of the above named staff member in promoting camp programs. 6. We, the parents/guardians, are responsible for replacing property damage by the reckless behaviour.

I have read this form and I accept the conditions of volunteering.

Please ensure that all Parent/Guardians have signed below.

Signature

Date

Parents/Guardians Signatures (If under 18)

Date

APPLICANT INFORMATION (applicant, please complete the TOP LINE of the following pages)

Applicant's Name: _____ Phone: () _____ Position Applied For: _____

**NON-RELATED ADULT REFERENCE
MAPLE SPRINGS BIBLE CAMP**

Please Mail to: 5247 Inga Street, Peachland, B.C. V0H 1X8

Camp: (250) 767-2354

Email: programdirector@maplesprings.ca

Maple Springs Bible Camp is a vibrant Christian outreach ministry directed towards children and teenagers. Each week, 65 campers experience what we hope will be a fun, safe, and exciting camp on our property at Maple Springs. It is our desire to make Jesus Christ known to kids, and to encourage them to love and follow Him throughout their lives. We are looking for young people who love Jesus and want to share their faith with children. Although we work hard to teach and equip our volunteers, candidates need to have a passion for proclaiming the gospel of Jesus Christ. The experience of hundreds of campers is deeply impacted by the quality of our volunteers. Please be thorough and honest in your evaluation; your input is an important factor in our selection process! Thank you for taking the time to complete this form. Please mail or fax directly to MSBC office as soon as possible. **If you fax this form, please mail the original as well.** Please be aware that we cannot process this person's application until we receive this form from you. If you have any further comments, please add to another sheet. **Please do not return this form to the Applicant.**

REFERENCE INFORMATION Note: The information you provide in this reference will be held in confidence

Name: _____ Position: _____ Organization: _____
Phone: () _____ Work: () _____ Fax: () _____
Address: _____

[] I HIGHLY recommend [] I recommend [] I recommend with reservations [] I do NOT recommend this Applicant for the position indicated.

Signature: _____ Date: _____

YOUR EXPERIENCE WITH THE APPLICANT

1. How long have you known the Applicant? In what capacity/relationship? _____
2. What has been your personal involvement with this applicant? _____
3. To your knowledge, how long has this person been a Christian? _____
4. What has been his/her involvement with church in the past and this year? _____

5. The Applicant's outstanding qualities (physical, emotional, and spiritual) are: _____

6. The qualities the Applicant could improve on (physical, emotional, and spiritual) are: _____

7. Are you aware of any limitations (physical, emotional, and spiritual) that may impair or constrain this person's involvement or effectiveness? _____
8. In what way would this person benefit from volunteering at Maple Springs Bible Camp? _____

9. What special contributions do you feel this Applicant would make to the camping program? _____

10. What is your estimate of the Applicant's spiritual influence on his/her associates? _____

11. To your knowledge has the Applicant used illicit drugs, alcohol, or nicotine, or been involved in inappropriate sexual activity in the past 12 months? _____ If yes, please explain _____

12. Would you desire to see your children placed under the care of this person? _____
Please explain: _____

APPLICANT INFORMATION (applicant, please complete the TOP LINE of the following pages)

Applicant's Name: _____ Phone: () _____ Position Applied For: _____

PASTOR/YOUTH PASTOR REFERENCE
MAPLE SPRINGS BIBLE CAMP

Please Mail to: 5247 Inga Street, Peachland, B.C. V0H 1X8
Camp: (250) 767-2354 Email: programdirector@maplesprings.ca

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Name: _____ Position: _____ Organization: _____
Phone: () _____ Work: () _____ Fax: () _____
Address: _____

[] I HIGHLY recommend [] I recommend [] I recommend with reservations [] I do NOT recommend this Applicant for the position indicated.

Signature: _____ Date: _____

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Please explain: _____

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Applicant's Name: _____ Phone: () _____ Position Applied For: _____

EMPLOYER/ TEACHER REFERENCE

(this reference form may be given to a non-related adult if 'employer/ teacher' does not apply)

MAPLE SPRINGS BIBLE CAMP

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Camp: (250) 767-2354

Email: programdirector@maplesprings.ca

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Phone: () _____ Work: () _____ Fax: () _____

Address: _____

[] I HIGHLY recommend [] I recommend [] I recommend with reservations [] I do NOT recommend this Applicant for the position indicated.

Signature: _____ Date: _____

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12. Would you desire to see your children placed under the care of this person? _____
Please explain: _____

MAPLE SPRINGS BIBLE CAMP

BURSARY FUND APPLICATION

The MSBC Bursary Fund was established to assist volunteers who have served Christ by ministering to children pursue their education.

Students must attend school during the year following the current camping season.

Funds are limited, and will be awarded at the discretion of the Camp Directors and Board

PLEASE PRINT:

Name: _____ SIN # _____

Address: _____

City/ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

Position: _____

Full summers served at MSBC (do **not** include L.I.T. work crew) _____

EDUCATIONAL INSTITUTION YOU WILL BE ATTENDING:

Name: _____

Address: _____

City/ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

I am entering my ___ year of a ___ year program in _____ (program name)/Grade: _____

For Post-Secondary Students Only:

Tuition for school year: _____

Living costs for school year: + _____ = _____

Less:

Total Savings Available _____

Projected income from all other sources* + _____ = _____

Anticipated Shortfall (Bursary Requested): = _____

Signature

Date

*Projected income includes all other scholarships, bursaries, and awards, funds from other part time work, etc.

DEADLINE FOR ACCEPTANCE IS JUNE 31

FOR OFFICE USE ONLY

Date Received _____ Years Of Service _____ Approved Bursary _____