



CAMP PAGWEAK

Volunteer Application Form

About You | Some Basics

Name: _____ Email: _____

Age: _____ Birthday: (mm) _____ (dd) _____ (yy) _____ Citizenship: _____

Permanent Address: (street / box / apt / civic) _____

(city) _____ (county) _____ (province) _____ (postal) _____

Phone: () _____

Looking Forward to Summer!

Please indicate which weeks you would like to volunteer:

___ Week 1 ___ Week 2

___ Week 3 ___ Week 4

___ Week 5 ___ Week 6

___ Week 7 ___ Week 8

Other: _____

About You | Medical

Medicare #: _____ Expiry Date: (mm) _____ (yy) _____ Family Doctor: _____

Do you have any allergies? (yes) _____ (no) _____ Please indicate: _____

In an emergency, contact: Name: _____ Relationship to you: _____

Home Phone: () _____ Business / Cell Phone: () _____

About You | Experience & Skills

Place(s) I volunteer and my responsibilities: _____

Other work experience I have that relates to the area I want to volunteer in: _____

About You | Faith Experience

Church you currently attend: _____ How often do you attend: _____

Name of one character reference: _____ Phone #: _____

E-Mail address: _____

Please print your answers to the following questions in the space provided (use back of sheet if necessary):

- a. When, and in what circumstances, did you become a follower of Jesus Christ (share your testimony)?
- b. Why do you want to work at Camp Pagweak?

Just Making Sure ...

To be a volunteer at Camp Pagweak you must complete a successful Police and Child Abuse Registry Check (16 and older). We will contact you with information on how to have this completed when we process your volunteer application form.

I have also read and agree with / to Camp Pagweak's Mission Statement, Purpose, Core Values, Objectives and Philosophy (found at www.pagweak.org). I understand that failure to meet any of the above mentioned requirements may result in my dismissal as a volunteer. All of the information I have written in this application and attached documents is true.

Signature: _____ Date: (mm) _____ (dd) _____ (yy) _____

If at any time you have questions relating to the ministry of Camp Pagweak, please contact (902) 243-2261 or at (campmissionary@pagweak.org) or Council Secretary Ruth Rushton at camppagweakoffice@gmail.com

Thanks for your application!