



# Returning Supervisor

Attn: Camp Morice Summer Staff 2010  
Box 7000  
Prince George BC  
Canada V2N 3Z2  
supervisors@campmorice.com  
www.campmorice.com

## Camp Morice Application For Employment

Application deadline: April 12<sup>th</sup> 2010

**Submit Application to Society Office Address Above**

Thank you for your interest in Camp Morice!

Enclosed you will find the materials required to complete your application.

You can expect to receive a decision from the Camp sometime in May. Please do not make non-refundable travel arrangements until you have received a final acceptance decision. However, be prepared for a Training Workshop at the beginning of the summer should you be hired.

Please be aware that you must be 17 years of age or older as of July 1<sup>st</sup>, 2010 to work at Camp Morice for a senior counsellor position.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City Province Postal Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_ Drivers License Number (if applicable): \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Do you hold a current Bronze Cross or NLS? (Please attach a photocopy)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you hold a current First Aid certification? (Please attach a photocopy)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

What previous dates did you work at Camp Morice?  
\_\_\_\_\_

**Birth date (mm/dd/yyyy)**  
\_\_\_\_\_

### Education

High School: \_\_\_\_\_ City: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  If no, current Grade: \_\_\_\_\_

College or University: \_\_\_\_\_ City: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  If no, current year and degree program: \_\_\_\_\_



**Previous Employment**

Company \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference?      Yes     No

Company \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference?      Yes     No

Company \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference?      Yes     No

## Disclaimer and Signature

*I have considered the matter prayerfully and I am willing to be subject to the jurisdiction of Camp Morice for the summer of 2010. 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 Camp Morice employee I will abstain from involvement in sexual immorality, the use of non-medical drugs, alcohol, tobacco, and occult activity. I agree to the Mission Statement of Camp Morice.*

*I will allow pictures of myself to be used for the purpose of promoting Camp Morice at the discretion of the camp.*

*I understand that my services are paid:*

*I accept the decision of Camp Morice to place me:*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Parent or Guardian must sign if applicant is under 18)

Parent or Guardian Name (print) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Camps I am willing to work at:

- Kid's Camp #1 - July 5<sup>th</sup> to 10<sup>th</sup>
- Teen Camp - July 11<sup>th</sup> to 17<sup>th</sup>
- Kid's Camp #2 - July 18<sup>th</sup> to 23<sup>rd</sup>
- First Nations Camp – July 25<sup>th</sup> to 30<sup>th</sup>