Camp Laureate

S.T.E.A.M

Camp Laureate Staff Application Form

GENERAL INFORMATION			
Name:		Date of Birth: (mm/dd/yy)	
Address:			
Phone Number:	Email Address:		
Preferred Method of Contact:	[] Phone [] Em	nail	
POSITION PREFERENCE			
What position are you applying for?	Specialist		
[] Camp Counsellor	Specialist: []Arts		
[] Program Lead	[] Science		
[] Camp Coordinator	[] Sports		
[] Behaviour Support	[] Exclusiv	ve	
AVAILABILITY			
Which camp(s) are you interested in working for?			
[] March Break (March 10 – 14, 2025) [] Summer Camp (July 7 – August 22, 2025)			
If you anticipate needing any time off during the camp season, please list the specific dates below and provide a brief explanation for each request. <i>Note that while we will do our best to accommodate, time-off requests may not be guaranteed.</i>			
Date(s) Requested Off:	Reason for Request:		
ADDITIONAL INFORMATION			
Do you have previous work or volunteer experience? [] Yes [] No			
If yes, please describe the role(s).			
1) Position Name:			
Brief Description:			
2) Position Name:			
Employer:	Employer:		
Brief Description:			
3) Position Name:			
Employer:			
Brief Description:			
Why do you want to work for Camp Laureate?			
Do you have a valid Criminal Record Check/VSC less that 2 years old? (Only if 18+ years of age): [] Yes [] No, but I will obtain this before the volunteer start date			
Are you willing to sign an Offence Declaration Form? (Only if under 18 years of age): [] Yes [] No			
Are certified in First Aid and/or CPR?	[]Yes []No		