

**CAMP GITCHIGOMEE
STAFF APPLICATION FORM**

Date of Police Record Check: _____

Return the application to the Personnel Chair or Camp Director, Box 29018, Thunder Bay, ON, P7B 6P9

Name: _____ Home Telephone: _____
Address: _____
Postal Code: _____ Email: _____

Date of Birth: _____ Gender: _____
(Year is not required for those over 18)

Position Sought: _____ Dates of Availability: _____

Qualifications: _____ Documents are attached Yes ___ No ___

Tell us about your experience: _____ Number of years at Camp Gitchigomee _____

Training (include Camp Gitchigomee Training attended)

REFERENCES: (name, address, telephone) (Please make sure you let your references know.)

Clergy or Church Member	Professional	Personal (Not Family)
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The information provided is true, complete and accurate. I authorize representatives of Camp Gitchigomee to contact the references listed above.

Signature of Applicant

Date

The information collected in this application is part of the Screening in Faith under the Canon H-5: Screening in Faith approved at Synod 2003. Additional screening measures include: Criminal Records Check, interviews, performance appraisals. Completed application forms will be maintained indefinitely in secure storage under the authority of the Personnel Chairperson.