



# 2018 CAMP STAFF APPLICATION FORM

Name: \_\_\_\_\_ M  F  Phone # \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ E-mail: \_\_\_\_\_  
DD MM YEAR

Address: \_\_\_\_\_

## Position Applying For:

**Instructor** (Three positions available, full summer)

**Counsellor** (Three positions available per session)

If you are applying as a counsellor, indicate **ALL** sessions you are available to work. Please # in order of preference:

Session 1	July 3 – 13 (9 days)	<input type="checkbox"/>
Session 2	July 16 – July 22 (10 days)	<input type="checkbox"/>
Session 3	July 30 – Aug 10 (9 days)	<input type="checkbox"/>
Session 4	Aug 13 – 24 (10 days)	<input type="checkbox"/>

Total # of Sessions you would like to work: \_\_\_\_\_

*\* Please note that all staff is required to attend mandatory staff training Thurs. June 28 & Fri June 29<sup>th</sup> as well as camp clean-up/wrap up Monday, August 27<sup>th</sup>.*

**Have you worked for Raynham Stables Day Camp before?** Y  N

If yes, please list years worked: \_\_\_\_\_

**Have you participated in a Staff, CIT or LIT program at another camp?** Y  N

If yes, where? \_\_\_\_\_

**Have you attended summer camp before?** Y  N

If yes, where? \_\_\_\_\_

**Please list any other work experience with dates, especially that relating to horses or children.**

\_\_\_\_\_  
\_\_\_\_\_

**List any relevant certification you have, including level obtained and expiry dates (ie. Lifeguarding certification, First Aid, etc.)**

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**List any hobbies, crafts, sports or other skills you could offer to the camp?**

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**Describe your experience with horses (riding, working and showing).**

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**Why do you want to work at Raynham Stables Day Camp?**

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All staff is required to attend a mandatory leadership & staff training overnight, June 26<sup>th</sup> - 27<sup>th</sup>, 4:00pm to 4:00pm and staff clean-up, August 31<sup>st</sup> & Sept 1<sup>st</sup>, 9:00am – 4:00pm. Ten hours of training qualifies for volunteer hours as required by high schools. By submitting this application you agree to attend training if selected.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

DD/MM/YYYY