



# New Volunteer/Staff Application

### **Mission Statement**

Real people bringing faith, hope and love to youth through relationships and mentorship.

### **Statement of Belief**

Teen Time believes in the deity of Jesus Christ, and accepts the Bible as the one and final authority concerning spiritual doctrine. Our emphasis is on Jesus Christ, on lifting him up, and on God's love, with the aim of introducing individuals to him, so that they may know Christ as their Lord and Saviour.

### **Vision**

Teen Time is a club with a purpose. This purpose is to introduce individuals to Jesus Christ, so that they may know Christ as their Lord and Saviour. To establish programs that would provide opportunity for Christian growth and discipleship, the programs are that which carries forth the purpose of the organization.

**Please fill these forms out and return them to our office ASAP!**

**Teen Time of Edmonton**

**12235 50 Street NW**

**Edmonton, Albert**

**T5W 3C7**

**info@teentime.ab.ca**

# Personal Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Gender: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
Phone: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email (if applicable): \_\_\_\_\_  
Camp Name: \_\_\_\_\_

## Highest Level of Education Completed:

- Jr. High
- High School
- Post Secondary

Name of School(s): \_\_\_\_\_

## Work Experience (if applicable, attach resume or write below) See Resume

Company: \_\_\_\_\_ Company: \_\_\_\_\_  
Position: \_\_\_\_\_ Position: \_\_\_\_\_  
Manager's name: \_\_\_\_\_ Manager's name: \_\_\_\_\_

## Interests/Skills:

- |                                                         |                                              |                                       |
|---------------------------------------------------------|----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Communication                  | <input type="checkbox"/> Time Management     | <input type="checkbox"/> Adaptability |
| <input type="checkbox"/> Ability to Work Under Pressure | <input type="checkbox"/> Self-motivation     | <input type="checkbox"/> Teamwork     |
| <input type="checkbox"/> Decision Making                | <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Creativity   |
|                                                         | <input type="checkbox"/> Leadership          |                                       |

## Have you ever worked at another summer camp before?

If yes, please provide previous positions held at camp:  
\_\_\_\_\_  
\_\_\_\_\_

Church/Mentoring Background:  Yes  No

Do you identify as a Christian?  Yes  No

Have you ever been mentored?  Yes  No If yes, by who? \_\_\_\_\_

Do you attend church?  Yes  No If yes, where? \_\_\_\_\_

**References:**

**Teacher**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Employer/Volunteer**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Pastor/Mentor**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Positions I would be interested in:**

- Camp Director
- Spiritual Director
- Counsellor
- Activity Instructor

- Dishes
- Kitchen
- Wrangler
- Maintenance

- Lifeguard
- Nurse

**I am comfortable in the following areas:** (check all that apply)

- Archery
- Wide Games
- Horseback Riding

- Arts & Crafts
- Canoeing
- Swimming

- Song Leading
- Paintball

**Skill Training/Experience**

Please indicate/include copies of training, experience and/or certificates in activity areas marked above

- See Resume

**Please answer these questions below:**

1. What is your motivation for coming out to camp?

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2. What are your life goals?

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3. Recent areas of challenge & growth in faith?

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4. How & when did you become Christian?

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5. How can you make camp a better place?

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6. What can you do to make a kids life better?

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**NOTIFICATION OF RISK**

I \_\_\_\_\_ recognize that Teen time offers many activities which are participatory in nature, and which due to the nature of the activities, involve inherent risk.

I am aware that the activities of horseback riding, sleigh/hay riding, swimming, canoeing, paintball, broomball, field sports and other activities at Teen Time Ranch and in other Teen Time programs have inherent risk and I have full knowledge of the nature and extent of the risk associated with these activities.

I assume the responsibility of damage to myself/my child or Teen Time property by virtue of each participant’s voluntary participation in these activities. I recognize that Teen Time will take reasonable precautions to protect Teen Time program participants from the above risks, but that Teen Time does not accept responsibility for damage to persons or property due to accident or any other cause which may occur on or outside Teen Time premises.

I am aware of the nature of the activities and the inherent risks involved. I acknowledge having read this entire notification prior to signing it.

Signed the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Please print name

**Parent / Guardian please sign if staff member is under 18 years of age.**

I am the parent or legal guardian of the staff member, and am aware that my child or the child in my care is attending Teen Time of Edmonton’s Summer Camp. I acknowledge having read this entire notification prior to signing it.

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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Please print name

## Teen Time of Edmonton Reference Form

To be completed by a **Employer/Volunteer, Teacher or Mentor.**

\_\_\_\_\_ has completed our Basic Leadership and Staff Training program, and will be applying for a volunteer position within Teen Time's Fall/Winter/Spring retreats and Summer camps. Teen Time of Edmonton is a non-profit, non-denominational Christian organization that believes in, real people bringing faith, hope and love to youth through relationships and mentorship. Teen Time operates year-round camps and other programs for youth aged 7-17. This volunteer will be interacting directly with youth in our community, therefore, the information you are providing is extremely important to us, and it will be considered confidential. Thank you for your time.

**How well do you know the applicant?** Slightly ( )      Well ( )      Very Well ( )

**How long have you know the applicant?** \_\_\_\_\_

**In what capacity have you known the applicant?** \_\_\_\_\_

**Please check any of the following that you feel describe the applicant:**

- |                                       |                                               |                                      |
|---------------------------------------|-----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> enthusiastic | <input type="checkbox"/> emotionally balanced | <input type="checkbox"/> sensitive   |
| <input type="checkbox"/> teachable    | <input type="checkbox"/> giving               | <input type="checkbox"/> considerate |
| <input type="checkbox"/> patient      | <input type="checkbox"/> energetic            | <input type="checkbox"/> polite      |
| <input type="checkbox"/> outgoing     | <input type="checkbox"/> self controlling     |                                      |

**Other qualities that describe the applicant or comments on qualities already stated:**

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**Are there any obstacles or challenges that you believe this applicant would have working with youth at Teen Time camps? \_\_\_\_\_ If "yes" please explain:**

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**Do you believe this applicant could be in direct care of children for a week at a time?**  
\_\_\_\_\_ If “no” please explain:

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**Additional comments that you want us to know:**

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**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Thank you for your time and consideration. Please return this form as soon as possible to the address provided below, or by the email address.

Teen Time of Edmonton  
12235 50 Street NW  
Edmonton, Alberta T5W 3C7  
Ph: 780-466-8530, Fax: 780-488-8771  
Email: [info@teentime.ab.ca](mailto:info@teentime.ab.ca)  
[www.teentime.ab.ca](http://www.teentime.ab.ca)



**TEEN TIME STAFF INFORMATION FORM**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship the above contact has with staff member: \_\_\_\_\_

**MEDICAL INFORMATION AND HISTORY**

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Provincial Health Care Number: \_\_\_\_\_ Province: \_\_\_\_\_  
Other Medical Insurance: \_\_\_\_\_ Is tetanus vaccination up to date? Yes\_\_ No\_\_ Date:\_\_\_\_  
Any recent illness, injury, or operations of which Teen Time should be aware?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any special medical problems or disabilities that would require attention? (State particulars)  
\_\_\_\_\_  
\_\_\_\_\_

Are there any emotional problems that we should be aware of? (Please Specify)  
\_\_\_\_\_  
\_\_\_\_\_

Do you ever sleep walk? \_\_\_\_\_

**ALLERGY REPORT FORM** If you suffer from allergies this section must be filled out.

\*\*Please be aware that Teen Time is a Ranch Camp. There are farm animals, cats, dogs, and horses. If you are allergic and/or already are an asthmatic please be taking a preventative medication before coming to camp. This is extremely important and reduces the chance of you becoming very sick at camp.

Do you suffer from any of the allergies listed below? Yes \_\_\_\_\_ No \_\_\_\_\_  
Symptoms: Please check any appropriate spaces. \_\_hay fever/rhinitis \_\_eczema/dermatitis \_\_asthma  
\_\_horses/farm animals \_\_food allergy \_\_drug allergy \_\_insect allergy  
\_\_other, please specify \_\_\_\_\_  
\_\_\_\_\_

Please rate the severity of symptoms experienced. \_\_ Mild \_\_ Moderate \_\_ Severe (Life threatening)

Allergies: Please list any substances that can cause symptoms  
\_\_\_\_\_  
\_\_\_\_\_

When was the last allergy attack? Month \_\_\_\_\_ Year \_\_\_\_\_

Are you on any medication for allergies? Yes \_\_ No \_\_ If yes name what medications you will be bringing to camp:

Name	Purpose
_____	_____
_____	_____

Can you self-medicate? Yes \_\_ No \_\_ If no, do you expect camp personnel to administer all meds?  
Yes \_\_ No \_\_

**MEDICATION RECORD FOR STAFF UNDER 18 \*\*PARENT/GUARDIAN\*\***

Permission is required for your child (under 18) go be given any medication at Teen Time Camp. Occasionally a staff member may suffer from mild illness or experience a small accident while away from home. Every attempt will be made to keep your child well, safe and comfortable, and medication given only with permission and if necessary.

Please indicate below which of the following medications we are allowed to provide for you child.

- Acetaminophen      Yes \_\_\_ No \_\_\_ Signature \_\_\_\_\_
- Ibuprofen            Yes \_\_\_ No \_\_\_ Signature \_\_\_\_\_
- Gravol                Yes \_\_\_ No \_\_\_ Signature \_\_\_\_\_
- Cough Syrup        Yes \_\_\_ No \_\_\_ Signature \_\_\_\_\_
- Antihistamine       Yes \_\_\_ No \_\_\_ Signature \_\_\_\_\_
- Cough Lozenge      Yes \_\_\_ No \_\_\_ Signature \_\_\_\_\_
- Benadryl             Yes \_\_\_ No \_\_\_ Signature \_\_\_\_\_

**For all Staff:**

Please list all prescribed medications, or any of the above if you have a preferred brand name that you will be bringing to camp. Include drug name, dose, times given, side effects, and reasons to be given. Ensure that you have enough to last while away from home. Bring medication in original container and in a ziplock bag labelled with you name. It is recommended that you bring an extra inhaler if you use one.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

If there is any changes to this medication record please send a signed and dated letter to camp including all necessary information, signed. There is no charge for minor medical attention performed by camp staff. However, in case of a serious accident or illness requiring services of an ambulance, hospital, physician, dentist, or any other related services, the charges will be made to the staff member or parent/guardian.

**NOTIFICATION OF RISK & MEDICAL RELEASE FOR STAFF UNDER 18**

**Must be signed by a parent/guardian**

I am the parent or the legal guardian of the volunteer applicant. I recognize that Teen Time offers many activities which are participatory in nature, and which, due to the nature of the activities, involve inherent risk. I am aware that the activities of horseback riding, sleigh/hay riding, swimming, canoeing, archer, paintball, broomball, field sports and other activities at Teen Time Ranch and in other Teen Time programs have inherent risks and I have full knowledge of the nature and extent of the risk associated with these activities. I assume the responsibility for damage to my child, or the child in my care, or Teen Time property by virtue of each participant’s voluntary participation in these activities. I recognize that Teen Time will take reasonable precautions to protect Teen Time program participants from the above risks, but that Teen Time does not accept responsibility for damage to persons or property due to accident or any other cause which may occur on or outside Teen Time premises. I hereby authorize the person(s) designated by Teen Time of Edmonton as health caregiver to dispense the above medication to my child while he/she is attending any Teen Time of Edmonton event. In the event that my child requires medical treatment and there is insufficient time or reasonable attempts to contact me have failed, I also give the Teen Time director the right to obtain any necessary treatment for my child. By signing below I indicate that all information provided above is complete and accurate. I acknowledge having read this entire notification prior to signing it.

Signed the \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_ (year)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Please print name

**NOTIFICATION OF RISK & MEDICAL RELEASE FOR STAFF 18 AND OVER**

I RECOGNIZE THAT Teen Time offers many activities which are participatory in nature, and which, due to the nature of the activities, involve inherent risk. I am aware that the activities of horseback riding, sleigh/hay riding, swimming, canoeing, archer, paintball, broomball, field sports and other activities at Teen Time Ranch and in other Teen Time programs have inherent risks and I have full knowledge of the nature and extent of the risk associated with these activities. I assume the responsibility for damage to myself, or the child or Teen Time property by virtue of my voluntary participation in these activities. I recognize that Teen Time will take reasonable precautions to protect Teen time program participants from the above risks, but that Teen time does not accept responsibility for damage to persons or property due to accident or any other cause which may occur on or outside Teen Time premises. I hereby authorize the person(s) designated by Teen time of Edmonton as health caregiver to dispense to me the above medication while I am working with Teen Time of Edmonton. I also give the Teen Time director the right to obtain any necessary treatment for me. By signing below I indicate that all information provided is complete and accurate. I acknowledge having read this entire notification prior to signing it.

Signed the \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_ (year)

Signature

Witness

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Please print name