



**Kitchen Staff Application 2010**  
**Forest Cliff Camp**  
 8324 Glendale Drive  
 Forest, ON N0N 1J0  
 (519) 786-5996 or info@fccamp.org

For Office Use Only

**Personal Information** (please print **clearly**)

Name:					
Address:					
City:		Province:		Postal Code:	
Phone: (    )    -		Date of birth:    Day    Month    Year		<input type="checkbox"/> Male <input type="checkbox"/> Female	
E-mail Address (only if current):			Next Grade:		

Select the weeks you are available to serve in order of preference, #1 being your first choice.  
 Remember, you may only serve one week on Kitchen Staff.  
 We will confirm which week you are needed to serve.

YOUTH CAMP			TEEN CAMP		
Youth Week # 1	July 4 – 9		Girls Teen Week	Aug 15 – 20	
Youth Week # 2	July 11 – 16				
Youth Week # 3	July 18 – 23		Co-ed Teen Week # 1	Aug 22 – 27	
Youth Week # 4	July 25 – 30		Co-ed Teen Week # 2	Aug 29 – Sep 3	
Youth Week # 5	Aug 1 – 6				
Youth Week # 6	Aug 8 – 13				

**Church Information:**

Home Church:	City:
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On a separate sheet of paper, please write out your personal testimony of how you came to know Jesus Christ and what your Christianity means to you in your life today.

Be sure to give the enclosed two reference forms to eligible people in your church who can give an accurate, objective opinion of you. These may include your Pastor, Sunday School teacher, Youth Leader. One reference form must be from an area in the church in which you have served as a worker, i.e. Nursery, Children’s Church etc. Please ask your references to mail these forms directly to FCC. (We recommend that you supply a stamped and pre-addressed envelope as a courtesy.)

If you are 14 yrs old or younger, you must be signed up for a teen week as a camper. What week are you attending as a camper? Week \_\_\_\_\_

Would like to serve on KIT STAFF the same week a sibling is at camp? If Yes, Week: \_\_\_\_\_

Have you served on KIT STAFF before: If Yes, When? \_\_\_\_\_

Please note: KIT STAFF is intended for boys and girls entering grades 8 & 9. Due to an increased number of applications this guideline will be strictly followed this year.

Please indicate swimming level and if you have any Lifeguard Qualifications:


### Tell us why you want to be on our KIT crew!

Please explain briefly why you want to work on the KIT team and how your participation will benefit your co-workers:


Do you plan on applying to be a CIT in the future?                      YES                      NO

### Kitchen Staff Agreement

Please note that while working in the kitchen can be a lot of fun, there is still a *fair amount of work that must be done*. While we provide you with free time and planned activities, *we do expect you to work in a responsible manner*. We simply want you to understand the nature of the job. Please sign the following agreement before returning the application.

I agree to work to the best of my abilities on the Kitchen Staff team. I will show a positive attitude and strive to be an example of God's love to those around me. I understand the work involved in this position and the attitude and behavior expected of me.

Failure to behave in an appropriate manner may result in individuals being sent home.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please note: This application must be completed and returned, along with the signed and dated *Staff Conduct Policy* and the *Statement of Faith*, by March 31<sup>st</sup> to show your interest in the position. ***Please mail the application to:***

<p><b>Forest Cliff Camp</b> <b>8324 Glendale Drive</b> <b>Forest, ON N0N 1J0</b></p> <p><b>Phone (519) 786-5996</b></p>
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# FOREST CLIFF CAMP HEALTH RECORD

**Medical Information:** It is **extremely important** that you fill in each blank space **completely**, clearly and accurately.  
**Failure to do so will delay the processing of your child's application form.**  
**Do not assume that information is in our database, fill in all spaces.**

Name:		Birth Date: <small>Day month Year</small>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Ontario Health Card No:-	Version:	Expiry Date: <small>Day Month Year</small>			
Street Address:		City:	Province:	Postal Code: -	
<b>Parent/Guardian Information:</b> (please indicate if there is a parent/guardian with full custody) <b>Note:</b> In the event of an emergency Forest Cliff Camp will contact parents/guardians in the order recorded below (1-4) unless otherwise noted.					
No.	Name	Phone Number		Relationship	
1.		- -			
2.		- -			
<b>TWO</b> Emergency phone numbers if parent/guardian cannot be reached					
No.	Name	Phone Number		Relationship	
3.		- -			
4.		- -			
Family Physician:				Phone Number: ( ) -	
Allergies (please list all allergies, including food)					
Does this person have a <b>life-threatening allergy</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is it?				Tetanus – Date of last Tetanus Injection: (Must be within the last 10 years) <small>Day Month Year</small> / /	
Please specify any <b>medical condition</b> that will <b>require monitoring</b> while at camp:					
Please specify any <b>medications</b> currently being taken or taken in the last year:					
Medications brought to camp must be in a zip lock bag, clearly labeled with the person's name. When you sign in, <b>all medications must be given to the nurse. This includes all prescription and over the counter drugs.</b> Camp stocks only one or two brands of pain/fever control, antihistamines etc.					

Parent Permission (Parental permission is required for staff under 18 years of age):

I give permission for \_\_\_\_\_ to attend Forest Cliff Camp and participate in all activities and for the camp nurse to administer over the counter medication at his/her discretion.

I also give permission to the physician selected by camp officials to secure proper treatment including hospitalization, injection, anaesthesia or surgery for this minor.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**Additional Comments:**

**Section B: (for nursing staff only)**

**Nurses Notes:** Please include date, time and full signature with each entry.  
All medications given P.R.N. charted with reason.

	<b>DATE</b>						
MEDICATIONS	Time Ordered	Initial Time Given	Initial Time Given	Initial Time Given	Initial Time Given	Initial Time Given	Initial Time Given

**Additional Nurses Notes:**



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8324 Glendale Drive  
Forest, ON N0N 1J0  
519-786-5996

## **STAFF CONDUCT POLICY**

The purpose of this staff conduct policy is to articulate for our volunteers and staff the standards and principles of Forest Cliff Camp (FCC) that express loving faithfulness and service to Christ and our campers as a condition of working with FCC. Our mandate involves serving the most precious commodity, children, and we want to insure that our volunteers and staff bring with them the high standard of conduct and integrity needed that are in line with the principles outlined in the Bible.

### **Purpose and Objectives:**

FCC is a charitable religious organization that exists to demonstrate and proclaim the good news of Jesus Christ to children through excellence in camping.

The following requirements are based on principles of the Bible, which are considered by FCC to be the final authority in guiding our faith and conduct:

1. Volunteers and staff are required to agree and adhere to the Statement of Faith attached. Volunteers and staff must have come to a point in their lives when they chose to believe these statements and accepted the Lordship of Jesus Christ in their lives as the one and only way of salvation from sin.
2. Volunteers and staff need to be exhibiting in their personal lives the spiritual disciplines needed to maintain and promote a relationship with God which is essential to effective service to Christ including prayer, Bible study and sharing their faith and beliefs with others.
3. Volunteers and staff are required to accept and adhere to the purpose and objectives of FCC (see above) and are required to participate in staff prayers and devotions as a corporate expression of our commitment to Christ.
4. In their relationship with each other, volunteers and staff are required to tell each other the truth in love and to maintain honest, mature and responsible interactions and not to gossip.
5. In their relationship with children/campers, volunteers and staff are required to exhibit Godly love, respect and treat each child with dignity, teaching only those principles outlined in the Bible, under the direction of FCC.
6. Volunteers and staff are required to conduct themselves at all times in a manner consistent with the principles of the Bible. Without limiting the generality of the above, examples of inappropriate lifestyles deemed by FCC to be contrary to the teaching of Jesus Christ and His followers as recorded in the Bible include:

- extra marital sexual relationships (adultery)
- pre-marital sexual relationships (fornications)
- substance abuse
- use of pornographic material
- theft, fraud
- breach of trust or confidence
- abusive behaviour
- sexual assault/harassment
- lying, deceit and dishonesty
- commission of criminal or quasi-criminal offenses
- drunkenness
- occult practices

7. Volunteers and staff are expected to use discretion when posting photos on the internet that were taken at FCC or photos taken with FCC logos or trademarks in them. Comments posted on the internet by FCC volunteers and staff relating to FCC are expected to reflect the values of FCC.

FCC does not accept conduct on the part of its volunteers and staff as outlined above. Such conduct or evidence of such lifestyles may be just cause for refusal to accept the services of a volunteer or staff member or dismissal from duty.

**I have read the FCC Volunteer and Staff Conduct Policy and I acknowledge that a term and a condition of lending my services to Forest-Cliff Camps Inc. is that I adhere to the requirements and conditions as set out in this Policy.**

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

\_\_\_\_\_  
Date

**Forest-Cliff Camps Inc. 8324 Glendale Drive, Forest, ON N0N 1J0  
Phone No. (519) 786-5996 & Fax No. (519) 342-4902**



**Forest-Cliff Camps Inc.  
8324 Glendale Drive  
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## **STATEMENT OF FAITH**

1. *We believe* in one God, eternally existing in three persons: Father, Son and Holy Spirit.
2. *We believe* that Jesus Christ was conceived by the Holy Spirit, was born of the virgin Mary, was true God and true man existing in one person and was without sin. We believe in His representative and substitutionary sacrifice, His bodily resurrection, His ascension to the Father, his present life as Lord of all, High Priest, and Advocate, and His personal return in power and glory.
3. *We believe* that the Holy Spirit indwells and gives life to believers, enables them to understand and apply the Scriptures, empowers them for godly living, and equips them for service and witness.
4. *We believe* the Scriptures of the old and new testaments are the inspired word of God, fully trustworthy and the final authority in all matters of the Christian faith and life.
5. *We believe* that each member of the human race is fallen, sinful and lost; that the shed blood of Jesus Christ provides the only ground for forgiveness of sins and justification to all who receive Him by faith; and that only through regeneration by the Holy Spirit can they become children of God.
6. *We believe* that the one, holy, universal church is the body of Christ, composed of all regenerated people. This redeemed community worships God and seeks to proclaim the Good News to all people.
7. *We believe* in the bodily resurrection of the just and the unjust, the everlasting blessedness of the saved, and the everlasting punishment of the lost.

**I have read and agree with this "Statement of Faith" and agree to teach only what is included herein while a volunteer or staff member with Forest-Cliff Camps Inc.**

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

\_\_\_\_\_  
**Date**





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**CONFIDENTIAL KITCHEN CREW (K.I.T.)**

*Reference Form*

Name of Applicant: \_\_\_\_\_

1. How long and under what circumstances have you known the applicant?

2. Carefully select two of the applicants' most prominent...

Positive Character Traits		Negative Character Traits	
1.		1.	
2.		2.	

3. Do you know of **any reason** why this applicant should not work around children? If yes, please explain.

4. Please indicate your opinion of this applicant's ability to work in a group setting as well as on an individual task.

5. Any additional comments you feel may be of benefit can be written on the back.

Thank you.

Name	Phone No.	Signature





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Thank you.

Name	Phone No.	Signature

