

VOLUNTEER



APPLICATION

MAIL TO: Jason Boucher
PO Box 542, Big River SK S0J 0E0

EMAIL TO:
brbcinfo@gmail.com

CALL or FAX:
306-469-4997

APPLICATION: Complete this application form fully—it is condensed to simplify the process. *PLEASE PRINT.* We do require this form complete with references from everyone, even if you have been to BRBC before.

PHOTO: If this is your first time applying to BRBC, please attach a recent photograph of yourself.

TESTIMONY: Attach a separate piece of paper with a brief testimony. Tell us how you came to faith in Jesus Christ. If you have worked with us in the past and have already submitted your testimony, please write down what the Lord has been doing in your life, and what your relationship with Him is like since we were last together.

POLICE CHECK: Every staff member on the BRBC property age 16 and up must have a current police check as well as a vulnerable sector check completed. Please fill out the attached paper to bring into your local RCMP station to request these checks.

MAIL / EMAIL / FAX completed applications (including testimony, picture, police check, and vulnerability sector check) in as soon as possible. If there are any portions of your application missing, or incomplete, your application will be held until complete. Once complete, your application will be reviewed by the director and you will hear back from us within two weeks.

PERSONAL INFORMATION

Full Name _____ Age _____ Birth date (yy/mm/dd) _____

Address _____

City/Town _____ Prov/State _____ Postal/Zip Code _____

Phone _____ Health Card No. _____

Gender: M F Marital Status: Single Married Divorced Remarried Other

Are there any reasons why your duties would be limited due to physical limitations or disability?

Yes No If yes, please explain: _____

Allergies (food, insects, medication etc): _____

EMERGENCY CONTACT

Full Name _____ Relationship to you _____

Address _____

City/Town _____ Prov/State _____ Postal/Zip Code _____

Phone _____

AVAILABILITY

Please check off which weeks you are available to volunteer:

TEEN CAMP (Age 13-17) July 8-13

JUNIOR TEEN CAMP (Age 12-14) July 29-Aug 3

JUNIOR CAMP #1 (Age 8-12) July 15-20

JUNIOR CAMP #3 (Age 8-12) August 5-10

JUNIOR CAMP #2 (Age 8-12) July 22-27

JUNIOR CAMP #4 (Age 8-12) August 12-17

PLEASE NOTE: All staff are expected to arrive on Saturday at 7:00 pm before the week of camp you plan to serve at. Please be prepared to stay for debrief and clean-up on Friday afternoon before you leave. Please call if you need to make other arrangements.



EDUCATION

Level	Institution	Prov/State	Years attended	Year of Grad	Degree/Diploma/Cert.

EMPLOYMENT RECORD

Employer/Company	Address/City	Phone	Dates Employed	Position

REFERENCES

Please provide the names of three people that you know well and have agreed to act as your references. One reference should be a Christian worker (Pastor, Youth Pastor, Sunday School Teacher, etc.). One should be a person outside of your church life (employer, teacher, coach etc.) and one other person. Please do not use relatives.

Name	Occupation	Phone

CHURCH AFFILIATION

Home Church _____ Member: Yes No

Address _____ Phone _____

City/Town _____ Prov/State _____ Postal/Zip Code _____

Pastor _____ Youth Pastor/Leader _____

Briefly explain any area of service you have been involved in: _____

SERVICE

One the following list, put a "1" before the activities you feel qualified to organize and teach and a "2" before those you can assist with. Please circle the activities you are most interested in. In the space provided indicate your specific interest (eg: Music=Piano, Activities=Archery, etc.)

Activities	Kitchen	Cabin
Music	Maintenance	Nurse
Drama	Games	Boat Operator
Crafts	Janitorial	Waterfront

Please list any skills or abilities not listed here that you feel may be of benefit to the ministry at camp this summer:

PLEASE NOTE: Children under the age of 13 that are accompanying staff members are the responsibility of that staff member.