



New Supervisor

Attn : Camp Morice Sumer Staff
Box 7000
Prince George BC
Canada V2N 3Z2
supervisors@campmorice.com
www.campmorice.com

Camp Morice Application For Employment

Application deadline: April 30th, 2011

Submit Application to Address Above

Dear Applicant,

Thank you for your interest in Camp Morice!

Enclosed you will find the materials required to complete your application.

You can expect to receive a decision from the Camp sometime in May. Please do not make non-refundable travel arrangements until you have received a final acceptance decision. However, be prepared for a Training Workshop at the beginning of the summer should you be hired.

Please be aware that you must be 16 years of age or older as of July 1st, 2011 to work at Camp Morice for a position. If this is your first time at Camp, a week of volunteering will be required.

Applicant Information

Full Name: Last First M.I. Date:
Address: Street Address Apartment/Unit #
City Province Postal Code
Phone: ( ) E-mail Address:
Health Card Number: Social Insurance Number: Drivers License Number (if applicable):

Position Applied for:

Do you hold a current Bronze Cross or NLS? YES NO
Do you hold a current First Aid certification? YES NO
Have you attended Camp Morice in the past? YES NO
If so, when?

Birth date (mm/dd/yyyy)

Education

High School: City:
From: To: Did you graduate? YES NO
College or University: City:
From: To: Did you graduate? YES NO

Please evaluate yourself in the following areas:

	Poor	Fair	Satisfactory	Good	Excellent
Ability to work with kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to take instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to take constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to see the benefits and consequences to my actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to make good decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have experience working with children with special needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes please explain:	<hr/>				

Please take a moment to explain what your "strengths" are (including additional training):

**Your Interests**

- Kayaking  
  Canoeing  
  Soccer  
  Swimming  
  Volleyball  
  Arts & Crafts  
 Drama  
  Music  
  Musical Instruments: \_\_\_\_\_  
 Other (please specify): \_\_\_\_\_

**Previous Employment**

Company \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference?    Yes     No

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Company \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference?    Yes     No

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Company \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference?    Yes     No

**Personal Profile**

Please TYPE the following answers to these questions on a separate sheet of paper:

1. Why are you applying to Camp Morice?
2. What do you hope to offer?
3. What is your relationship to your local parish or community (past or present)?
4. What is the purpose of Camp Morice from your prospective?

Are you Baptized? Yes No  
 If yes, have you had 1<sup>st</sup> Communion? Yes No  
 Confirmed? Yes No  
 Reconciliation? Yes No  
 Are you another Christian denomination (other than Catholic)? Yes No  
 If yes, please specify \_\_\_\_\_

Please ask two people who know you well and who can comment on why you would be a good counselor at Camp Morice (such as a teacher, priest or minister, coach, or employer) to write a letter of reference on your behalf.

Please have your references send the letter directly to the Diocese of Prince George:  
**Attn: Camp Morice Summer Staff 2010**  
 6500 Southridge Avenue.  
 Prince George, BC  
 V2N 5P9

The envelope should be sealed and signed across the seal.

References	
<i>Please provide the information for the three people who will be writing your letters of references.</i>	
<b>Referee #1: (Work Reference)</b>	
Full Name: _____	Relationship: _____
Company: _____	Phone: (    ) _____
How long have you known this referee? _____	Email: _____
<b>Referee #2: (Volunteer Reference)</b>	
Full Name: _____	Relationship: _____
Company: _____	Phone: (    ) _____
How long have you known this referee? _____	Email: _____
<b>Referee #2: (Personal Reference)</b>	
Full Name: _____	Relationship: _____
Company: _____	Phone: (    ) _____
How long have you known this referee? _____	Email: _____

## Disclaimer and Signature

*I have considered the matter prayerfully and I am willing to be subject to the jurisdiction of Camp Morice for the summer of 2011. I understand that this applies to each camp and the days in between camps. I choose to cooperate fully and to maximize every opportunity for personal spiritual growth. I understand that applicants are selected on the basis of spiritual and character qualifications. I understand that anyone demonstrating a poor attitude or a poor quality of service is subject to dismissal. As a Camp Morice employee I will abstain from involvement in sexual immorality, the use of non-medical drugs, alcohol, tobacco, and occult activity. I agree to the Mission Statement of Camp Morice.*

*I will allow pictures of myself to be used for the purpose of promoting Camp Morice at the discretion of the camp.*

*I understand that my services may be paid or volunteer:*

*I accept the decision of Camp Morice to place me:*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Parent or Guardian must sign if applicant is under 18)

Parent or Guardian Name (print) \_\_\_\_\_

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

Date \_\_\_\_\_

Camps I am willing to work at:

Kid's Camp #1 - July 10<sup>th</sup> to 15<sup>th</sup>

Teen Camp - July 17<sup>th</sup> to 23<sup>rd</sup>

Kid's Camp #2 - July 24<sup>th</sup> to 29<sup>th</sup>