



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: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Gender: _____ Camp Name: _____

Education

Highest Level of Education Completed:

☐ Jr. High ☐ High School ☐ Post Secondary

Name of School(s): _____

Work Experience (if applicable, attached 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"/> Self-motivation | <input type="checkbox"/> Teamwork | <input type="checkbox"/> Ability to Work Under Pressure |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Creativity | <input type="checkbox"/> Decision Making |
| <input type="checkbox"/> Leadership | | |

Have you ever worked at another summer camp before? ☐ Yes ☐ No

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

☐ Dishes

☐ Lifeguard

☐ Spiritual Director

☐ Kitchen

☐ Nurse

☐ Counsellor

☐ Wrangler

☐ Activity Instructor

☐ Maintenance

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

☐ Archery

☐ Arts & Crafts

☐ Song Leader

☐ Wide Games

☐ Canoeing

☐ Paintball

☐ Horseback Riding

☐ Swimming

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?

2. What are your life goals?

3. Recent areas of challenge & growth in faith?

4. How & when did you become Christian?

5. How can you make camp a better place?

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

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 _____ (month), _____ (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 an 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 known the applicant? _____

In what capacity have you know 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:

Are there any obstacles or challenges that you believe this applicant would have working with youth at Teen Time camps? ☐ Yes ☐ No If yes, please explain.

Do you believe this applicant could be in direct care of children for a week at a time?

☐ Yes ☐ No If no, please explain.

Additional comments that you want us to know

Signature

Date

Name: _____

Position: _____ Company Name: _____

Phone: _____ Email: _____

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

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
www.teentime.ab.ca

Teen Time Staff Information Form

Name: _____ Age: _____ Gender: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relationship the above contact has with staff member: _____

Medical Information & 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? ☐ Yes ☐ No

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: _____

Rate the severity of symptoms experience. ☐ Mild ☐ Moderate ☐ Severe (Life Threatening)

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 medication 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

Medical Record for Staff Under 18 **Parent/Guardian**

Permission is required for your child (under 18) to 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 your child.

Acetaminophen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature _____
Ibuprofen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature _____
Gravol	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature _____
Cough Syrup	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature _____
Antihistamine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature _____
Cough Lozenge	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature _____
Benadryl	<input type="checkbox"/> Yes <input type="checkbox"/> 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 your name. It is recommended that you bring an extra inhaler if you use one.

1. _____
2. _____
3. _____

If there are 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 _____ (month), _____ (year)

Signature of Parent/Guardian

Witness

Please print name

Please print name

Notification of Risk & Medical Release for Staff 18 & 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 _____ (month), _____ (year)

Signature

Witness

Please print name

Please print name