



MOUNT TRABER: 2021 SUMMER STAFF APPLICATION

Mailing Address: PO Box 36, Middle Musquodoboit, NS, B0N 1X0 **Phone:** 902-384-2238
Fax: 902-384-2539 **E-Mail:** office@mountraber.org **Website:** www.mountraber.org

COVID NOTE: Due to the fact that the Covid-19 pandemic is here and may still be here this summer, it is difficult to know right now if we will be able to run this summer as normal or Day Camps. We want you to understand that staffing and how camp will look may change the positions, number of staff, ages, and jobs to be filled at the last minute. These changes will be due to Covid-19 restrictions and the needs of the camp at that time.

Please check the box if you have read and understood this statement. Thanks!

Please check this list before mailing to ensure you understand ALL aspects of applying to work at Mount Traber Bible Camp.

- The DEADLINE for STAFF APPLICATION: MARCH 31st, 2021.**
- If faxing your Staff Application, please use black pen and print clearly.
- Be sure ALL questions are complete; incomplete questions will only delay the processing of your application.
- Print email address clearly. ALL correspondence will be by the email you provide us, so use one that is checked frequently or you could miss important information that is needed when applying and working at MTBC.
- Be sure you have provided your Health Card #. This is always overlooked on the application.
- I understand that I will be asked to come in for an interview.
- I understand it is REQUIRED of me to attend **Staff Training**. July 2nd – 6th, 2021
- If you are 16 years of age or older, you are required to provide a current VSC once you have been accepted to the summer staff team. This must be obtained from your local RCMP office. It is for your protection and that of our campers.
- REFERNECE FORMS:**
 - **New staff** and staff that have been with us for **less than** 3 years require 2 reference forms.
 - **Returning Staff** that have been with us for 3 years or longer only need the Pastor / Christian Leader reference form.
 - Reference forms are provided at the end of the application.
 - Fill out the first section of the reference form and give the form, with a stamped envelope addressed to Mount Traber Bible Camp, to your reference person.



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LAST NAME _____ **FIRST NAME** _____

Email Address _____

Please use an email that is checked regularly and that works, as this will be our main line of communication with you.
Please print email clearly!!

Personal Information

Male ___ Female ___ Age _____ Birth Date (D/M/Y) _____ Grade Completing 2021 _____

Address _____ City _____ Prov. _____ Postal Code _____

Home # _____ Cell # _____ T-Shirt Size: (**Adult**) Sm Med Lg XL XXL

Parents/Guardians Names _____

Mom's work/cell # _____ Dad's work/cell # _____

One Parents Email Address that is checked regularly: _____

Church Attending (if you attend) _____ Church Ph. # _____

Pastor _____ Youth Pastor _____

Rate your Attendance (1 as unfaithful - 5 as faithful) Sunday school _____ Church _____ Youth group _____

Please list any ministries that you have been or are involved in at your church _____

Are you attending or attended any college / university / other education experience? _____

Most Recent Employer: (if you have had one)

Company	Contact Name	Phone #
Responsibilities		

Covid-19 Questions: If you check YES for any questions please provide the date.

1. Have you had Covid-19? ___ Yes ___ No _____
2. Have you been tested for Covid-19? ___ Yes ___ No _____
3. Has anyone in your home had Covid-19? ___ Yes ___ No _____
4. Have you been vaccinated for Covid-19? ___ Yes ___ No _____
5. Do you have any plans to travel outside NS before camp? ___ Yes ___ No _____

Medical Information

All information is confidential. Please fill this out as accurately as possible.

LAST NAME _____ FIRST NAME _____

Emergency Contact Name _____
(This person will be contacted if parents/guardian cannot be reached)

Relationship _____ Ph# _____ Cell# _____

Health Care # _____ Expiry Date _____

General Health: Excellent ___ Good ___ Fair ___ Poor ___ Last Tetanus Shot: _____

Allergies: (Please List)

- | | | | | |
|----------|----------------|----------------|----------|------|
| 1. _____ | Reaction _____ | Degree: Severe | Moderate | Mild |
| 2. _____ | Reaction _____ | Degree: Severe | Moderate | Mild |
| 3. _____ | Reaction _____ | Degree: Severe | Moderate | Mild |
| 4. _____ | Reaction _____ | Degree: Severe | Moderate | Mild |

Medications:

All medications needed at camp will be kept in the possession of the camp nurse. Please send medications in their original container. (Please list)

- | | | |
|----------|------------|--------------------|
| 1. _____ | Dose _____ | Time of day: _____ |
| 2. _____ | Dose _____ | Time of day: _____ |
| 3. _____ | Dose _____ | Time of day: _____ |

Health History: (Please check all that apply)

Have you had any of the following...

- ___ Chicken Pox ___ Measles ___ Mumps ___ Appendectomy ___ Frequent Colds

Do you have problems with the following...

- ___ Ears ___ Eyes ___ Heart ___ Skin ___ Hernia ___ Diabetes ___ Seizures
 ___ Headaches ___ Migraines ___ ADD ___ ADHD ___ Tourette's ___ Anxiety ___ Depression
 ___ Nose Bleeds ___ Asthma ___ Autism Spectrum ___ Stomach / Indigestion / Nausea / Vomiting

Please explain _____

Do you have any medical / emotional conditions that we should be aware of? ___ YES ___ NO

If YES, please explain _____

Have you been treated by a health professional for any medical conditions in the past 12 months? ___ YES ___ NO

If YES, please explain _____

Do you have special dietary restrictions? ___ YES ___ NO

If YES, please explain _____

In case of an emergency, I understand that every effort will be made to contact the parents/guardians or the emergency contact name provided. In the event I cannot be reached or if the urgency of the circumstances makes it necessary, I hereby give permission to MTBC to obtain medical treatment or hospitalization.

Parent / Guardians Signature _____ Relationship to Applicant _____

Applicants Signature _____ Date _____

Ministry Opportunities

Activities: Write a number ONLY by the activities that you are (1=qualified to lead / 2=interested in leading / 3=able to assist)

Worship Leader Drama Hiking Climbing Wall Arts / Crafts Singing
 Lifeguard (NLS) Sports Horses Archery Wilderness Other _____

Skills: Check any that apply to you

Drums Sound Tech Piano Photography Sign Language Puppets
 Guitar Bass Guitar Vocals

Other Instruments _____ Other known languages _____

Certifications:

First Aid CPR Lifeguard / NLS Wilderness First Aid
 WHMIS Food Handler's Course Mental Health First Aid

What age children do you prefer to work with? 5-7 _____ 7-9 _____ 10-12 _____ 13-15 _____ 16-18 _____

Check your level of swimming ability. Non-swimmer Weak Moderate Strong

Is there anything else you would like to tell us about yourself? (Ex. Special abilities, training, hobbies)

Staff Positions

Please place a 1 by the first choice you are applying for, then a 2, and then a 3 by other positions in case your requested position has already been filled.

Cabin Leader Barn Assistant Program Assistant Lifeguard Assistant
 Dining Hall Crew Housekeeping Crew Maintenance Crew Kitchen Aide

If you checked to be a Cabin Leader please provide an explanation or your experience as to why you applied for that position.

Check these positions if you are able to commit the whole summer.

Program Coordinator Head Lifeguard (NLS) Barn Leader Maintenance Leader
 Dining Hall Leader House Keeping Leader Administrator Assistant

If you checked any of these positions please provide an explanation or your experience as to why you applied for that position

- **Limited paid positions are available for staff in grades 11, 12, college or university. They will be determined by your position, qualifications, and availability as paid positions will be available first to those committing their whole summer to the Lord and the Camp.**
- **Some paid positions can start as early as May. If you are accepted for a paid position there will be additional paper work.**
- **If you cannot commit your entire summer, there are other options to receive funding for working at Mount Traber that can be discussed at your interview that will also require additional paper work.**

Doctrinal Questionnaire

The doctrinal questionnaire must be filled out, signed, and accompany your staff application before you can be considered to serve at MTBC. For returning staff, we need to update your, file every year so please take a moment to fill this out as well. Thank you.

1. CONCERNING YOUR SALVATION EXPERIENCE

- a) How did you come to know Christ as your personal Savior? Please include (WHEN, WHERE, CIRCUMSTANCES etc.) Also include your walk with the Lord now and how you have grown.

2. CONCERNING THE GODHEAD

- a) What is the Trinity? _____
b) Do you believe this to be true? ___ Yes ___ No

3. CONCERNING JESUS CHRIST

- a) Is He the Son of God, born of a virgin? ___ Yes ___ no
b) Who has lived a sinless life? ___ Jesus ___ Everyone ___ Christians ___ Certain People
c) Did He really die, was He buried, and did He rise on the third day? ___ Yes ___ No

4. CONCERNING MAN

- a) Is man the product of evolution or creation? _____

5. CONCERNING SALVATION

- a) Who are sinners? ___ Christians ___ Non-Christians ___ Everyone
Provide a reference _____
b) Do you believe Christ died in our place for our sins? ___ Yes ___ No
c) Do you believe God saves us if we truly believe in His son Jesus Christ? ___ Yes ___ No
Provide a reference _____
d) Can our good works bring favor to God and save us? ___ Yes ___ No
Provide a reference _____
e) When one is truly born again, is their eternal destiny settled forever? ___ Yes ___ No

6. CONCERNING FUTURE THINGS

- a) Where will the believer go when he/she dies? ___ Hell ___ Heaven ___ Nowhere
Provide a reference _____
b) Where will the unbeliever go when he/she dies? ___ Hell ___ Heaven ___ Nowhere
Provide a reference _____

Signature _____ **Date** _____

COVID NOTE: Our 2 options for this summer are Day Camps and over Night Camps. If we run Day Camps, staff will arrive at camp Sunday at 7:00 pm and stay until Friday. If we have the go ahead for overnight camps, staff will arrive as normal on Sunday at 2:00 pm.

Availability

Which weeks are you available to work at camp this summer? Please discuss the weeks you are checking off to work with your parents. We understand schedules change but it makes it very hard for us to prepare the staff schedule for the summer if we cannot confirm how many staff we have for each week.

Please note that if you are accepted to work at MTBC you may not be given every week you have checked. Full-time or more experienced staff have seniority over those with less experience or younger staff. We do our best to be equal to those accepted to work according to experience and seniority. Thank You!

- July 7 - 9 (Age 5 - 7) Happy Kamp
- July 12 - 16 WEEK ONE (Age 7-9) Jr. Kids Camp / Saddle Up 1
- July 19 - 23 WEEK TWO (Ages 10-12) Sr. Kids Camp / Giddy Up Camp
- July 26 - 30 WEEK THREE (Ages 7-13) Multi-Age 1 / Range Riders Camp
- August 2 - 6 WEEK FOUR (Ages 7-13) Multi-Age 2 / Patterns and Games
- August 9 - 13 WEEK FIVE (Gr. 7-9) Extreme Teen Camp / Saddle Up 2 / Rails and Trails
- August 15 - 20 Rental Camp
- August 22 - 27 Rental Camp
- September 3 – 6 Family Camp Ground

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- I have read and fully understand all the questions asked in this application. I certify that all answers given by me are accurate and complete. I understand that completion and submission of this application does not ensure me a position. I understand that omission and/or misrepresentation of the facts requested may be just cause for immediate dismissal without prior notice.
 - I authorize Mount Traber Bible Camp to contact my references and I release each person from liability for providing this information.
 - If accepted for service, I understand that if I am 16 or older I need to provide a VSC. All information concerning my references and VSC will be treated in a confidential manner.
 - If accepted for service, I agree to abide by all the rules, policies, and doctrines of Mount Traber Bible Camp.
 - I have read, understood, and agreed to the above.

***Parent / Guardians signature is required if the applicant is under 18 years of age.**

Applicants Signature _____ **Date** _____

Parent / Guardian Signature _____ **Date** _____

Any questions or concerns please contact Mark or Debbie Taylor at
Mount Traber Bible Camp
P.O. Box 36, Middle Musquodoboit, NS, B0N 1X0
Ph: 902-384-2238 **F:** 902-384-2539 **Email:** office@mountraber.org

REFERENCE: *Pastor / Christian Leader*

Applicant's Name _____

"I hereby voluntarily waive my right of access to any information contained on the reference form and agree that the statement shall remain confidential."

Applicant's Signature _____ Date _____

Please fill out reference form and mail or fax directly to MTBC. If faxing please use black pen. Please Print.

REFERENCE COMPLETED BY _____

Relationship to the Applicant _____

Church _____ Home Phone _____ Work _____

Email Address _____

Reference Questionnaire:

1. How long have you known the applicant? _____
2. How well do you know the applicant? ___not very well ___fairly well ___very well
3. To your knowledge, has the applicant accepted Christ as their personal Lord and Savior? _____
4. What evidence have you seen of the applicant's spiritual maturity and relationship with Christ? _____

5. How do you feel the applicant will work with children in a camp setting? _____

6. What has been the applicant's record as a church member, their attendance and involvement? _____

Please check a box to the best of your knowledge. (1- Above Average / 2- Average / 3- ok / 4- Below Average / 5- Unknown)

	1	2	3	4	5		1	2	3	4	5
A good ambassador of Christ						Takes Initiative					
Honest, Trustworthy and Reliable						Will step out of comfort zone					
Emotionally Stable						Firm Christian Values					
Works well with others						Demonstrates love for others					
Positive and Respectful						Displays leadership skills					
Ability to share Christ with others						Social Maturity					

I recommend this applicant as a summer staff member at MTBC ___Yes ___No ___Uncertain

Any Additional comments _____

Reference Signature _____ Date _____

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Ph: 902-384-2238 **F:** 902-384-2539 **Email:** office@mountraber.org

REFERENCE: *Teacher or Employer*

Applicant's Name _____

"I hereby voluntarily waive my right of access to any information contained on the reference form and agree that the statement shall remain confidential."

Applicant's Signature _____ Date _____

Please fill out reference form and mail or fax directly to MTBC. If faxing please use black pen. Please Print.

REFERENCE COMPLETED BY _____

Relationship to the applicant _____

Home Phone _____ Work _____

Reference Questionnaire

1. How long have you known the applicant? _____

2. How well do you know the applicant ___ not very well ___ fairly well ___ very well

3. What are the applicant's strengths and challenges? _____

4. How do you feel the applicant will work with children? _____

5. Is there anything that you are aware of that would impede the applicant's success as a team member living on-site with both peers and adults, along with the expectation of handling given tasks responsibly?

Please check a box to the best of your knowledge. (1-Above Average / 2-Average / 3-ok / 4-Below Average / 5-Unknown)

	1	2	3	4	5		1	2	3	4	5
Desire to learn						Takes Initiative					
Honest, Trustworthy and Reliable						Will step out of comfort zone					
Emotionally Stable						Firm Values					
Works well with others						Demonstrates love for others					
Respectful						Displays leadership skills					
Positive Attitude						Social Maturity					

I recommend this applicant as a summer staff member at MTBC **Yes** **No** **Uncertain**

Any Additional comments _____

Reference Signature _____ Date _____