



MOUNT TRABER: 2024 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

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 16th, 2024.**
- 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 to and working at MTBC.
- Be sure you have provided your Health Card #. This is often overlooked on the application.
- Understand that you could be asked to come in for an interview.
- Understand it is **REQUIRED** of you to attend **Staff Training**. This will be held June 27th @ 7 pm – July 1st @ 4 pm.
- 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.

Signature: _____ Date: _____



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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 2024 _____

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		

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 ___ Covid-19

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 _____

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 Crafts Singing
 Lifeguard (NLS) Sports Horses Archery Wilderness

Skills: Check any that apply to you Guitar Bass Guitar Vocals Puppets
 Sound Tech Drums Piano Photography Sign Language Skits & Theatre

Other Instruments _____ Other known languages _____

Certifications: First Aid CPR Lifeguard / NLS Wilderness First Aid
 WHMIS Food Handler's Course Mental Health First Aid Other: _____

Which age group do you prefer to work with? 5-7 8-10 11-13 14+

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. Read over all options before you start.

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

If you applied 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 Cabin Leader
 Dining Hall Leader House Keeping Leader Maintenance Leader

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

- **Limited paid & compensated positions are available for staff aged 16 +, college, and university students. They will be determined by your position, qualifications, and availability as paid & compensated 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 paperwork. (You will need to provide a Social Insurance Number.)**
- **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. This will also require additional paperwork.**

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 _____

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 all the weeks 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!

PLEASE CHECK THAT YOU UNDERSTAND AND AGREE TO THIS. _____

- June 27 – July 1** **STAFF TRAINING**
- July 3 – 5 Happy Kamp (age 5 – 8)
- July 7 - 12 WEEK ONE - Multi-Age 1 / Saddle Up 1 Camp
- July 14 - 19 WEEK TWO - Multi-Age 2 / Giddy Up Camp
- July 21 - 26 WEEK THREE - Multi-Age 3 / Range Riders Camp / Wilderness Camp
- July 29 – August 2 WEEK FOUR - Day Camp / Riding Lessons
- August 4 - 9 WEEK FIVE (Age 12 - 16) Extreme Teen Camp / Saddle Up 2 / Rails and Trails
- August 11 -16 Rental Camp – Camp SOAR
- August 18 - 24 Rental Camp – Camp Unplugged
- August 30 – Sept 2 Family Camp

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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 **ALL** 4 statements 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 a 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 ___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- Unknown / 2- Below Average / 3- ok / 4- Average / 5- Above Average)

	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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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 a 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 ___ 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- Unknown / 2- Below Average / 3- ok / 4- Average / 5- Above Average)

	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 _____