



MOUNT TRABER: 2026 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 APPLICATIONS: March 21th , 2026.**
- ☐ If faxing your Staff Application, please use pen, not pencil 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 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**.
July 2nd @ 7 pm – July 6th @ 4 pm.
- ☐ If you are 16 years of age or older, you are required to provide a current VSC once you have been accepted. If you submitted one last year, that will suffice. Please obtain the document from your local RCMP office. Should a letter be required, kindly inform us and I will ensure it is sent to you via email. It is for your protection and for our campers.
- ☐ **REFERENCE 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 this 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. They can also fax it or email it to the email address above.

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 in 2026 _____

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) 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 secondary education? _____

Most Recent Employer: (if you have had one)

Company	Contact Name	Phone #
Your 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# _____

Your 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 other 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 ___ Worship Team ___ Drama ___ Crafts

___ Lifeguard (NLS) ___ Sports ___ Horses ___ Archery ___ Wilderness ___ Dirt Bike

Skills: Check any that apply to you

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

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 groups 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 position 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 deciding.

___ Cabin Leader ___ Barn Assistant ___ Program Assistant ___ Lifeguard Assistant

___ Dining Hall Crew ___ Housekeeping Crew ___ Maintenance Crew ___ Kitchen Aide

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

Put a 1 by the position you can commit July 8th – August 14th, 2026.

Put a 2 by the position you can commit July 8th – August 29th, 2026.

___ Program Coordinator ___ Head Lifeguard (NLS) ___ Cabin Leader ___ Dining Hall Leader ___ House Keeping 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 and 10 compensated positions are available for staff aged 16 + and college / university students. This will be determined by positions needed, qualifications, availability, and timeliness of applications. Paid & compensated positions will be available first to those able to commit their whole summer. Dates above.**
- **If you are accepted for a paid or compensated position, there will be additional paperwork. (You will need to provide a Social Insurance Number to be paid.)**
- **If you cannot commit to the entire summer, there are other options to receive funding for working at Mount Traber that can be discussed. This will also require additional paperwork and a S.I.N.**

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.

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 ___ Unsure

3. CONCERNING JESUS CHRIST

- a) Is He the Son of God, born of a virgin? ___ Yes ___ No ___ Unsure
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 ___ Unsure

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

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 following 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 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 priority over those with less experience or younger staff. We do our best to be fair to those accepted to work according to experience and seniority. Thank You!

PLEASE CHECK THAT YOU UNDERSTAND AND AGREE TO THE ABOVE. _____

- | | |
|--|--|
| <input type="checkbox"/> July 2 – 6 | STAFF TRAINING |
| <input type="checkbox"/> July 8 - 10 | Happy Kamp (age 5 – 8) |
| <input type="checkbox"/> July 12 -17 | WEEK ONE - Multi-Age 1 / Saddle Up 1 Camp |
| <input type="checkbox"/> July 19 -24 | WEEK TWO - Multi-Age 2 / Giddy Up Camp |
| <input type="checkbox"/> July 26 -31 | WEEK THREE - Multi-Age 3 / Range Riders Camp |
| <input type="checkbox"/> August 3 – 7 | WEEK FOUR - Day Camp / Musical Ride Camp / Riding Lessons |
| <input type="checkbox"/> August 9 - 14 | WEEK FIVE (Age 12 - 16) Extreme Teen Camp / Saddle Up 2 / Rails and Trails |
| <input type="checkbox"/> August 16 - 21 | Rental Camp – Camp SOAR |
| <input type="checkbox"/> August 23 - 29 | Rental Camp – Camp Unplugged |
| <input type="checkbox"/> Sept 4 – 7 | Family Camp |

-
- ☐ 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 _____

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."
___ Yes ___ No

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 the box to the best of your knowledge. (5- Above Average / 4- Average / 3- ok / 2- Below Average / 1- 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						Bible knowledge					
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** _____

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@mounttraber.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."
___ Yes ___ No

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 the box to the best of your knowledge. (5-Above Average / 4-Average / 3-ok / 2-Below Average / 1-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 MTB ___ Yes ___ No ___ Uncertain

Any additional comments _____

Reference Signature _____ **Date** _____