



Camp Kawartha

Returning Staff Application

www.campkawartha.ca

Ph: (705) 652-3860 F: (705) 652-1500

1010 Birch View Road, R.R.#4, Lakefield, ON K0L 2H0

Name:

Telephone:

Address:

Email:

Birthdate (mm/dd/year):

Lifesaving Society

Membership #:

Position: _____

On a separate page, answer the following question pertaining to the position(s) you are applying for?

1. Why you want to take on the responsibilities of this position?
2. What experiences and training make you a competitive candidate for this position?
3. Describe how you will make an impact on camp if you are hired for this position?

Qualifications (put checks in appropriate boxes)

Swimming & First Aid	Expiry Date	ORCA	Level	Other	Level
NLS		Tripping	<input type="checkbox"/>	Sailing	<input type="checkbox"/>
Bronze Cross		Flatwater	<input type="checkbox"/>	Kayaking	<input type="checkbox"/>
Bronze Medallion		Instructors	<input type="checkbox"/>	Windsurf	<input type="checkbox"/>
Instructors		*Other	<input type="checkbox"/>	Ropes	<input type="checkbox"/>
Standard First Aid			<input type="checkbox"/>	*Other	<input type="checkbox"/>
CPR - Level C			<input type="checkbox"/>		<input type="checkbox"/>
Boat Operator			<input type="checkbox"/>		<input type="checkbox"/>
	Issued:				

*Are there any other qualifications you want us to know about?

Applications should include copies of all qualifications.

(Please attempt to send the entire application package over the internet through e-mail and scanning.

If this is not possible, please fax or mail the application to the camp address.)

Send your completed applications to adam@campkawartha.ca by January 9, 2012.