



# Presbytery of Superior Summer Camp

## Volunteer/Staff Package

Summer Season, 2022

Dear potential Summer Volunteer/Staff

We are looking forward to another great summer at Pres-B-Camp and would like to invite you to be part of it!

The application package includes:

APPLICATION– please indicate the position(s) that you prefer

HEALTH FORMS/MEDICAL RELEASE – The law requires a completed/signed Health Form for every person who stays at camp. A few forms must be completed/signed each year. No physical exam is required. Please provide as much information as possible on the Health Form/Medical Release. If you are under 16 years old, it must old be signed by your parent/guardian.

SUMMER VOLUNTEER/STAFF COVENANT– the covenant emphasized and underlines the policies and guidelines under which this camp agrees to operate. Please read the covenant completely and sign it.

ATHORIZATION LETTER FOR POLICE VULNERABLE SECTOR CHECK – if you are over the age of 18, Pres-B-Camp requires volunteers to submit a Police Vulnerable Sector Check. Use the form on the final page of this package to apply for your Check. If you have any questions about this process, please reach out.

Thanks for considering your part in the ministry of Pres-B-Camp. Use the reminder checklist to make sure you are including all necessary paperwork and send in the completed package to the address below. For more information and further application packages please contact the church at the number and e-mail below.

**\*COVID-19 Vaccination will be required in order to volunteer at Pres-B-Camp 2022\***

**Please note:** This year Volunteer/Staff application forms are due July 15th

Looking forward to seeing you at camp,

The Presbytery of Superior Camp Committee

Send Application to:  
**Lakeview Presbyterian Church**  
**Re: Summer Camp**  
**278 Camelot Street**  
**Thunder Bay, Ontario P7A 4B4**  
**Lakeview@tbaytel.net**  
**8073458823**

Application has to include:

Volunteer/Staff Application Form  
Health Form/ Medical Release  
Summer Volunteer/Staff Covenant  
Police Vulnerable Sector Check  
Photo Release Form



# Presbytery of Superior Summer Camp

## Volunteer/Staff Application Form 2022

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Age (if you are under 18) \_\_\_\_\_  
Church you attend \_\_\_\_\_ Email \_\_\_\_\_

### Check the appropriate position below:

**Pres-B– Camp at Camp Duncan** (Please check which camp(s) you would like to volunteer at)

Senior Counselor \_\_\_\_\_ Lifeguard \_\_\_\_\_ Cook \_\_\_\_\_  
Junior Counselor \_\_\_\_\_ Camp Nurse \_\_\_\_\_ Musician \_\_\_\_\_  
Kitchen Assistant \_\_\_\_\_ Pastor/Speaker \_\_\_\_\_

Previous and/or current volunteer experiences:

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List any skills, interests, hobbies, relevant training and personal experiences you have that would be an asset in the position for which you are applying:

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(Please indicate if you play a musical instrument: \_\_\_\_\_)

Have you ever volunteered/worked before at the Presbytery of Superior Summer Camp? If yes, which summers and what positions?

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If you are a student, indicate your current level of achievement and program if applicable:

\_\_\_\_\_

Why do you want to volunteer/work at summer camp?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate two references (employment and/or places you volunteered at) that may be contacted by the hiring committee:

<b>1. First/Last Name</b>	<b>Relationship</b>	<b>Home Phone #</b>	<b>Work Phone #</b>
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_____	_____	_____	_____
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<b>2. First/Last Name</b>	<b>Relationship</b>	<b>Home Phone #</b>	<b>Work Phone #</b>
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_____	_____	_____	_____
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If over the age of 18:

I have attached a copy of my Police Vulnerable Sector Check

\_\_\_\_

I will forward a copy of my Police Vulnerable Sector Check once it is completed

\_\_\_\_

I hereby declare that the foregoing information is true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you are under 16 your parent or legal guardian must sign below.

\_\_\_\_\_  
Name – Please print

\_\_\_\_\_  
Signature



# Presbytery of Superior Summer Camp

## Staff/Volunteer Health Form 2022

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Church you attend \_\_\_\_\_

Grade (going into) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Name of Parent/Guardian (for minors) \_\_\_\_\_

Parent's/Guardian's Phone Number \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

In case of illness or accident, parents/guardians will be notified. If not available, list two other possible contacts:

Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_

Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Card Number: \_\_\_\_\_

# Presbytery of Superior Summer Camp Consent Form

(For staff under the age of 18)

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(Please print) (Please print name of staff member)

do consent to the release of medical information by the camp nurse to appropriate individuals (camp director, camp counselors, ambulance personnel, Emergency Room personnel) as deemed necessary (on a need-to-know basis).

I also consent to let the camp nurse administer first aid for minor ailments as necessary and/or refer the above junior counselor to a hospital emergency. All attempts will be made to notify the parent at the earliest possible time if transport to the hospital is necessary.

All medications must be in their original containers from the pharmacy and not expired.

I also consent to the camp nurse and/or counselor administering the following medications as required to the above junior counselor. (Please put a check mark beside those medications that you want your child to be able to receive).

Afterbite	_____
Calamine Lotion	_____
Antiemetic (e.g. Gravol)	_____
Anti-diarrheal (e.g. Kaopectate)	_____
Antibiotic ointment (e.g. Polysporin)	_____
Analgesic (e.g. Tylenol)	_____
Zinc Oxide Ointment	_____
Antihistamine (e.g. Benadryl)	_____
Wound Care (e.g. Normal Saline)	_____
COVID-19 Rapid Test	_____

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Witness

Name: \_\_\_\_\_

**MEDICAL INFORMATION**

Are you subject to:

**A) ALLERGIES:**

Are you allergic to any drugs, food, animals, plants or insect stings? If yes, complete the following chart.

Do you carry Medic Alert I.D. at all times? If yes, state the type of I.D.

\_\_\_\_\_

Do you carry a medipen/epipen? \_\_\_\_\_

Name: \_\_\_\_\_

**B) 1. ILLNESS CONDITIONS**

Is you subject to any of the following illnesses/conditions? Check the appropriate one.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Epilepsy                      | <input type="checkbox"/> Hay Fever              |
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Sleep Walking                 | <input type="checkbox"/> Fainting Spells        |
| <input type="checkbox"/> Frequent Colds<br>or coughs  | <input type="checkbox"/> Ear Trouble                   | <input type="checkbox"/> Heart Condition        |
| <input type="checkbox"/> Tonsillitis                  | <input type="checkbox"/> Appendicitis                  | <input type="checkbox"/> Stomach Aches          |
| <input type="checkbox"/> Hepatitis                    | <input type="checkbox"/> Toothaches                    | <input type="checkbox"/> Seizures               |
| <input type="checkbox"/> Severe/Frequent<br>Headaches | <input type="checkbox"/> Recent Illness/<br>Operations | <input type="checkbox"/> Bone/Joint<br>Injuries |
| <input type="checkbox"/> Bleeding Disorder            |  |   |
| <input type="checkbox"/> Other Illness: _____         |  |   |

Are there any other health, physical or emotional problems or any other information that the camp should know about? If yes, please explain:

**C) IMMUNIZATION**

Is your immunization up to date? If the answer is NO please supply an explanation.

Are you vaccinated against COVID-19?                      **YES**                      **NO**

**To the best of my knowledge, I am in good health and the above information is correct.**

\_\_\_\_\_  
**Signature of Staff/Volunteer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian (for minors)**

\_\_\_\_\_  
**Date**



# Presbytery of Superior Summer Camp

## Volunteer/Staff Covenant Statement 2022

The staff of Pres-B-Camp is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in activities at Camp. The following policy statements reflect our staff's commitment to preserving this camp as a place of safety and protection for all who would enter, and as a place in which all people can experience the love of God through relationships with others.

1. No one who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should volunteer/be a staff at Pres-B-Camp.
2. Volunteers/staff shall recognize and respect the campers' right to privacy.
3. Volunteers/staff shall observe the "Rule of Three." No one is ever to be alone with a camper in a non-public place at any time.
4. Volunteers/staff at Pres-B- Camp shall attend daily meetings with the program directors to keep volunteers/staff informed of Pres-B-Camp policies.
5. Volunteers/staff shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

1. As a volunteer/staff at Pres-B-Camp, do you agree to observe and abide by all Pres-B-Camp policies regarding working in this ministry?      **YES**      **NO**
2. As a volunteer/staff at Pres-B-Camp, do you agree to observe and abide by the wishes of every camper concerning his/her privacy?      **YES**      **NO**
3. As a volunteer/staff at Pres-B-Camp, do you agree to observe and abide by the "Rule of Three" at all times?      **YES**      **NO**
4. As a volunteer/staff at Pres-B-Camp, do you agree to participate in daily meetings with the program/staff directors related to your volunteer assignment?      **YES**      **NO**
5. As a volunteer/staff at Pres-B-Camp, do you agree to promptly report abusive or inappropriate behavior to your supervisor?      **YES**      **NO**

I have read this Summer Volunteer/Staff Covenant, and I agree to observe and abide by the policies set forth above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print full name



Lakeview Presbyterian Church  
278 Camelot Street  
Thunder Bay Ontario P7A 4B4

## Permission to Use Photograph

Subject: Presbytery of Superior of the Presbyterian Church in Canada Pres-B-Camp

Location: Camp Duncan

I grant to the Presbyterian Churches of the Presbytery of Superior and/or its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize the Churches of the Presbytery of Superior assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Churches of the Presbytery of Superior may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Volunteer's name \_\_\_\_\_

Volunteer's signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(If under age 18)



# Presbytery of Superior Summer Camp

278 CAMELOT STREET  
THUNDER BAY, ONT. P7A 4B4  
TELEPHONE: 345-8823  
Email: lakeview@tbaytel.net

Date of Request: \_\_\_\_\_

As the authorized representative of the Presbytery of Superior Summer Camp, an organization that is responsible for the well-being of one or more children or vulnerable persons as defined in Section 6.3(1) of the Criminal Records Act, I hereby request that the Thunder Bay Police conduct:

Police Vulnerable Sector Check (PVSC)

Applicant (Full Name): \_\_\_\_\_


Address: \_\_\_\_\_

Volunteer Position

Position title: Camp Counsellor

Part 2(1)(c) of the Criminal Records Regulation requires applications for VS checks to show how the position is one of trust or authority towards that child or vulnerable person.

Description of duties: Supervision of children, ages 8-13, at an overnight summer camp

Will Newton	Camp Director
Authorized Representative	Position Title
	(807) 621-7538
Signature	Phone # and Email
	w.t.newton@outlook.com