



FUN IN THE SUN SUMMER PROGRAM 2024

COUNSELLOR APPLICATION

PLANNING WORKSHOP | 29 JUNE | 10am TO 4pm

TRAINING | 6 - 9 AUGUST | 10am to 4pm

CAMP | 12 - 16 August | 8am to 4pm

COUNSELLOR REGISTRATION FORM
FOR YOUTH AGED 12 TO 17

Legal Name: _____ DOB M ____ D ____ Y ____

Preferred Name _____ Preferred Gender ID _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Email _____ Instagram _____

Health Card # _____ Phone # _____

ALLERGIES (please list reactions)

☐ To the following foods: _____

☐ To medications: _____

☐ To bees, wasps, hornet stings _____

☐ Other allergies: _____

Please describe severity and reactions (e.g. life-threatening, breathing problems)

Needs EpiPen® kit: Yes ☐ No ☐ Participants must carry their own personal EpiPen®.

If you would like more information please leave a message for Trudy Johnson at 905-634-1809 or staff@stcb.ca. Please return form and payment by Saturday, June 22, 2024.

OVER >

HEALTH HISTORY

Please provide information to expand our ability to care for you, the volunteer. Describe any illnesses (eg. Epilepsy, Fainting Spells, Migraine/Headaches, etc.) or conditions that would be important for our staff to know about and how these conditions are dealt with at home.

You may attach additional pages if needed

RELEASE FORM: to be completed by Parent or Legal Guardian

Please initial each point to confirm your consent.

- ☐ The parent(s) or guardian(s) submitting this application are those having legal custody of the participant.
- ☐ The parent(s) or guardian(s) agree to hold harmless St. Christopher's Burlington, its employees, and volunteer staff from any cost or liability in connection with the injury, death or damage to any person or property during this event.
- ☐ In the case of medical or surgical emergency, I understand every effort will be made to contact parent(s) or guardian(s). In the event I cannot be reached, I hereby authorize and consent to St. Christopher's Burlington, its employees, and volunteer staff to obtain medical assistance including first aid, treatments, transport, hospitalization, blood transfusion and/or anaesthesia or surgery if required.
- ☐ I agree to release St. Christopher's Burlington, its employees, and volunteer staff from any cost or liability arising out of the performance of any medical procedure in relation to such medical assistance.
- ☐ Each participant must be covered by provincial or equivalent health insurance. I hereby assume full responsibility for any extra expenses required for the treatment of the participant that is not covered by Ontario Hospital Insurance or equivalent health insurance.
- ☐ St. Christopher's Burlington is committed to protecting the confidentiality, privacy and accuracy of personal information it collects. The information gathered in this form will be used solely to support the participant's involvement with St. Christopher's Burlington and will not be disclosed to a third party except in a medical emergency.
- ☐ Photographs and videotaping are often used by Fun-in-the-Sun for promotional purposes. I consent to allow Fun-in-the-Sun to use photographs or video clips, where appropriate, in the advertising for Fun in the Sun. I understand that Fun-in-the-Sun will take all reasonable effort to maintain the privacy and anonymity of all campers. If you decide that you do not wish to have your child's photograph used for promotional purposes you will need to provide us with a letter stating your request with a recent photograph attached to assist us in maintaining your child's absence from our promotional material.

Names and phone numbers of adults who have permission to pick up your child:

I understand that the leaders of Fun-in-the-Sun and the staff of St. Christopher's Anglican Church will do their best to provide a safe experience for my child. I also understand that all children who participate in the Fun-in-the-Sun program do so at their own risk.

Signature of Counsellor _____ Date: _____

Parent _____ Phone: _____

Name: _____

Why do you want to work at Fun-in-the-Sun?

Have you had experience at a children's camp as a:

☐ Camper ☐ Leader in Training ☐ Counsellor

☐ Other _____

Briefly explain any work experience - paid or volunteer - that you have had with children.

What unique gifts or abilities could you bring to this program?

List your volunteer experience at St. Christopher's and other places.

How would you provide opportunities for children to explore their relationships with God at Fun-in-the-Sun?

List any certificates or extra courses you have taken.

to be completed by Applicant



We are a dynamic, inclusive, diverse community
rooted in the life-giving, life-affirming, life-changing love of God
reaching beyond ourselves
caring for creation
making a difference with others.