



*“Helping people of all ages become stronger disciples of Jesus Christ.”*

Dear Applicant;

Here is your application form for Day Camps 2012. In this package, you will receive 2 reference forms (please give one to your Clergy and one to a teacher, leader, etc.).

Please make sure that your Clergy is aware of your need for prayer support. Commitment to the Day Camp Ministry is entirely voluntary. Your home church may wish to support you in your short-term mission. If this is the case, all such arrangements should be made through your church. Crosstalk Ministries is not in a financial position to fund Travelling Team Members. We are able to provide you with copies of our “Prayer and Share” Brochure, which you can give to friends and relatives who might be interested in sponsoring your Ministry.

We ask you to undergo a Police Check for volunteer screening since many churches now require that all those working with children provide proof of such a document, this is no longer an option but a required component of your Application Form. For those in the Montreal City Region, Crosstalk holds a Protocol with the SPVM, we will provide you with forms at the time of your acceptance interview.

Thank you for your application. Our Committee will process it as quickly as possible and we will contact you regarding your status.

In Christ,

Valerie Taylor  
Day Camp Director

## DAY CAMPS SCHEDULE 2011/2012

(KEEP THIS LIST!!)

- |   |  |
|---|--|
| <b>Oct. 16<sup>th</sup>, Jan. 7<sup>th</sup>, &amp; April 14<sup>th</sup></b> | - Team Gatherings  |
| <b>Nov. 12<sup>th</sup></b>   | - Coffee House   |
| <b>May 1<sup>st</sup></b>   | - Advance Deadline for Team Applications   |
| <b>June 2<sup>nd</sup></b>  | - Parish Kick-off Day  |
| <b>June 23<sup>rd</sup></b>   | - Team Training Day  |
| <b>June 23<sup>rd</sup> - July 1<sup>st</sup></b>                             | - Parish Training Week   |
| <b>July 1<sup>st</sup> - July 8<sup>th</sup></b>                              | - Residential Training Week  |
| <b>July 8<sup>th</sup> - July 15<sup>th</sup></b>                             | - Week 1 Day Camps   |
| <b>July 15<sup>th</sup> - July 22<sup>nd</sup></b>                            | - Week 2 Day Camps   |
| <b>July 22<sup>nd</sup> - July 29<sup>th</sup></b>                            | - Week 3 Day Camps   |
| <b>July 29<sup>th</sup> - Aug. 5<sup>th</sup></b>                             | - Week 4 Day Camps   |
| <b>August 9<sup>th</sup>, 7:30 p.m.</b>                                       | - Praise and Prayer Service  |
| <b>Aug. 7<sup>th</sup> - 3:00 p.m. - 7:00 p.m.</b>                            | - Team Leaders Evaluation Meeting  |
| <b>August 12<sup>th</sup> - 18<sup>th</sup></b>                               | - Junior and Senior Residential Camps<br>Junior Camp (Cedar Lodge)<br>Senior Camp (Camp Livingstone) |
| <b>Aug. 31<sup>st</sup> - September 3<sup>rd</sup></b>                        | - Focus Weekend (Cedar Lodge)  |



## SUMMER DAY CAMPS TRAVELLING TEAM MEMBER APPLICATION FORM

Upon completion, please submit form to the above address

(Please print clearly)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Mailing Address during school term (add home address if different): \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

Telephone Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell:((\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (Day/Month/Year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Age as of July 1<sup>st</sup> \_\_\_\_\_

Please note: Applicants must be 15 years of age by July 1<sup>st</sup> of this year. A limited number of 14 year olds *may* be accepted on an individual basis, dependant on references, experience & personal interviews.

Occupation: \_\_\_\_\_

If you are a student, what level?

What program? \_\_\_\_\_

School/College/University name: \_\_\_\_\_

Home Church & Denomination: \_\_\_\_\_

How did you hear about Day Camps? (Name of Person or Organization) \_\_\_\_\_

Spoken French: a little: \_\_\_\_\_ competent: \_\_\_\_\_ fluent: \_\_\_\_\_

Written French: a little: \_\_\_\_\_ competent: \_\_\_\_\_ fluent: \_\_\_\_\_

Do you play a musical instrument? \_\_\_\_\_ which one? \_\_\_\_\_

(Please note that you are expected to play your instrument during Day Camps and may need to lead music for your team)

What dates are you available? (Please note that all team members are required to participate in the Parish Training and Residential Training - see enclosure/accompanying letter for dates).

\_\_\_\_\_ Day Camps - Weeks 1 - 4

\_\_\_\_\_ Youth Camps\*

\_\_\_\_\_ Focus Weekend\*\*

\* Youth Camps are one week long Residential Camps for young people ages 8-12 (Junior Camp) or ages 13-18 (Senior Camp). Team Members may apply as Campers or Staff, if applicable.

\*\* Focus Weekend a MELLOW retreat for people ages 18-25.

If you are from out of town or overseas, Crosstalk Ministries is responsible for your billeting only until the close of the Focus Weekend. Should you wish to arrive in Montreal more than 3 days before Parish Training Week and/or stay longer than 3 days after Focus Weekend, you will need to make your own arrangements for accommodation.

On a separate sheet (or sheets) please answer the following questions, .This section is **NOT** optional.

**TRAINING AND EXPERIENCE:**

1. Please give an up-to-date resume of any special courses or experience that might be helpful in a camp situation (i.e. swimming, Sunday School, drama, church, music, leading games, etc.)
2. Do you have any previous Travel experience?
3. Have you ever been billeted in someone else’s home? \_\_\_\_\_
4. Particular Skills: \_\_\_\_\_ Singing                      \_\_\_\_\_ Preaching                      \_\_\_\_\_ Crafts  
                                  \_\_\_\_\_ Sports                      \_\_\_\_\_ Leading discussions  
                                  \_\_\_\_\_ Other (please specify) \_\_\_\_\_
5. Please give a resume of your educational background.

**SPIRITUAL BACKGROUND:**

1. Please briefly describe your participation in any clubs, churches or schools that have been significant in your faith development:
2. Please briefly describe your inward spiritual journey of faith (include what your faith is about).
3. Please describe what you believe you can contribute, both to the children and to your host families, by participating in the Day Camp program.
4. Similarly, please describe what you expect to gain from participating in the program.

**SECURITY & REFERENCES:**

1. Have you ever been investigated for or convicted of any criminal offence against a minor? \_\_\_\_\_
2. Have you ever been investigated for or convicted of any violent offence against any person? \_\_\_\_\_
3. Have you ever been investigated by a child welfare agency for any type of neglect or abuse of a minor? \_\_\_\_\_
4. Have you ever been diagnosed with, received treatment for, or taken medication for a mental illness? \_\_\_\_\_
5. Do you use illegal drugs? \_\_\_\_\_

**OFFICIAL POLICE SCREENING**

Please note, we require **all** team members to be screened by local police force as an added security precaution All team members should apply for screening at a local level and bring the necessary documents with them.

I have asked the following people to fill out and submit reference forms on my behalf please give full name, email address and/or phone number:

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| 1. _____<br>_____<br>_____<br>_____ | 2. _____<br>_____<br>_____<br>_____ |
|-------------------------------------|-------------------------------------|

Note: Please print out **two** copies of the accompanying form



**SUMMER DAY CAMPS MEDICAL FORM**  
**Required for all Travelling Team Members**

Acceptance into the program is not dependent upon the following medical information. This information will be used in case of a medical emergency and to help determine the applicant's placement within the program. All information is confidential. (Please type or print).

NAME: \_\_\_\_\_

BIRTH DATE: (day/month/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

ALLERGIES: Do you have any FOOD allergies - are there certain foods you must avoid? If so, please list and describe usual treatment: \_\_\_\_\_

Are you subject to a special diet for medical or personal reasons (including vegetarian)? Please specify. \_\_\_\_\_

Are you subject to any other allergies or reactions (drugs, insect stings, pollen, cats, dogs, etc.)? Please list, and describe usual treatment(s): \_\_\_\_\_

DISEASES

Have you had, been exposed to, or been treated for any communicable diseases within the last 60 days? If so, which diseases? \_\_\_\_\_

Are you subject to any of the following?

- |                                     |                      |                       |                       |
|-------------------------------------|----------------------|-----------------------|-----------------------|
| _____ Arthritis                     | _____ Asthma         | _____ Anxiety Attacks | _____ Bronchitis      |
| _____ Convulsions                   | _____ Diabetes       | _____ Ear Trouble     | _____ Epilepsy        |
| _____ Fainting                      | _____ Frequent Colds | _____ Heart Trouble   | _____ Hysteria        |
| _____ Infections                    | _____ Kidney Trouble | _____ Migraines       | _____ Motion Sickness |
| _____ Nightmares                    | _____ Nosebleeds     | _____ Pleurisy        | _____ Pneumonia       |
| _____ Skin Disorders                | _____ Sleepwalking   | _____ Tonsillitis     | _____ Weak Joints     |
| _____ Urinary Tract Infections      |                      |                       |                       |
| _____ Other (Please specify): _____ |                      |                       |                       |

Usual Treatment: \_\_\_\_\_

Do you wear a MEDICALERT bracelet? \_\_\_\_\_ Reason: \_\_\_\_\_

Have you ever had?

- |                    |                            |                   |                       |
|--------------------|----------------------------|-------------------|-----------------------|
| _____ Appendicitis | _____ Gall Bladder Attacks | _____ Pleurisy    | _____ Rheumatic Fever |
| _____ Hepatitis    | _____ Mononucleosis        | _____ Tonsillitis | _____ Pneumonia       |

Note any illnesses, recent operations, or injuries not included in the above: \_\_\_\_\_

Note any operations, which have been advised: \_\_\_\_\_

Have you had a dental operation in the past year? \_\_\_\_\_

Note: Smoking is **not permitted** on Day Camp Teams **at any time**.

MEDICATION: Please list any medication which you are bringing with you: \_\_\_\_\_  
 (Any medication must be clearly labelled and kept out of the reach of the children at all times.)

**IN CASE OF EMERGENCY, notify:**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

OFFICE TELEPHONE: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

**TRAVEL HEALTH INSURANCE**

Policy Number: \_\_\_\_\_

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

Medicare/OHIP/Insurance Number: \_\_\_\_\_

To the best of my knowledge I am in good health. I hereby authorise Crosstalk Ministries and/or its appointed representatives to secure such medical advice and services as may be deemed necessary for my health and safety. (Crosstalk Ministries cannot be held responsible for any accidents).

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature



**PARENTAL PERMISSION:**

(If you are under 18 years of age, please have a parent or guardian complete the following section).

I, \_\_\_\_\_ give permission for \_\_\_\_\_

(Name of Parent or Guardian (block letters))

(Name of Applicant)

to serve in the capacity of Travelling Team Member for Crosstalk Ministries Summer Day Camps for the period(s) of:

Parish Training Week

Residential Training Week

Day Camps - Weeks 1-4

(Please see enclosure for the dates)

I understand that during this time, he/she will be accommodated in billets provided by families within the churches involved in the

Day Camp program. I am also aware that he/she will be transported between parishes either by a Day Camp Committee member, a driver from one of the churches involved or by plane, train or bus as required.

I also give permission for Crosstalk Ministries to use pictures of my child for promotion purposes.

|            |                          |
|------------|--------------------------|
| Date _____ | Parent's Signature _____ |
|------------|--------------------------|



## SUMMER DAY CAMPS CONFIDENTIAL REFERENCE FORM

The Summer Day Camp Program which is sponsored by Crosstalk Ministries is designed to help children and young people become strong disciples of Jesus Christ. Crosstalk Ministries is a non-profit organisation made up of both clergy and lay people. Through participating in the one-week program of teaching, activities and fun, children learn about God and God's place in their lives. Day Camps are for children aged 4 through 12 years. The program includes meeting new friends, playing games, participating in fine arts, singing songs, and learning Bible stories through plays, slides, and many other activities.

Day Camps, led by Travelling Teams of workers trained by Crosstalk Ministries, are held in church communities across eastern Canada. Each Travelling Team consists of 2 to 4 young people who go from church to church over the summer, presenting a children's Bible Day Camp in each community. Travelling Team members are recruited from Canada, the United States, Great Britain, and many other countries. These teams work together with members of each parish in leading the Day Camps, using curriculum materials developed by Crosstalk Ministries.

Team members will be billeted throughout the summer in homes of members of the churches they visit, or on site at the residential camps. Travelling Teams are assisted by volunteers within each church visited. Before going out to present the Day Camp program, a one-week intensive Residential Training is provided for Travelling Team members. This includes step-by-step instruction in all aspects of the program, as well as workshops covering other areas of interest and concern in regard to presenting the Day Camp program. This Team commitment is entirely voluntary.

Adaptability, creativity, and commitment to the Lord are essential. Team members should also have a desire to work with children and young people. Some skills, which would be of value, are drama, music, public speaking, crafts, teaching, camping, sports, etc.

Each candidate is required to submit 2 references (1 clergy, 1 lay) as well as completing an application and attending a personal interview.

Please return the completed form as soon as possible to Crosstalk Ministries at the address below. Thank you for your cooperation.

Signed: \_\_\_\_\_  
Name (please print): \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

On a separate sheet, please evaluate the candidate (in as much detail as possible), with reference to the following areas:

1. Personal appearance (neatness, dress, etc.).
2. Social, emotional and spiritual maturity.
3. Ability to get along with others.
4. Leadership ability.
5. Ability to communicate.
6. Ability to adjust to different situations and people.
7. Ability to counsel children and/or young people in personal and spiritual matters.
8. What particular contribution do you think this candidate can make to the program
9. Would you want this candidate to lead your children? Please explain.
10. Would you fully recommend this candidate? Please indicate yes or no, with an explanation.
11. In what capacity have you known this candidate, and for how long?
12. Other comments.