



**SENIOR YOUTH CAMP  
STAFF APPLICATION 2011**

**FOR DIRECTOR'S USE ONLY:**

- Application received: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Spiritual Biography received.
- Statement of Faith, Personal Membership Agreement & Leadership in Ministry
- Publicity Authorization
- References received (if required)
- Donation received: \$\_\_\_\_\_
- Police Check Completed

Comments: \_\_\_\_\_

**GENERAL INFORMATION ABOUT CROSSTALK MINISTRIES AND SENIOR YOUTH CAMP**

Crosstalk Ministries is an ecumenical fellowship of laity and clergy, rooted in the historical evangelical tradition of the Anglican Communion, whose purpose it is to enable people of all ages to become strong disciples of Jesus Christ. Senior Youth Camp is an ecumenical camp for ages 13 to 18 years, with a focus on community building, evangelism and strong Biblical teaching.

To apply as staff for Senior Camp, this form must be completed and postmarked by June 30<sup>th</sup>, 2011. **Staff positions are limited.** You will be contacted by the Camp Directors once your application has been reviewed. No decisions will be made until all supporting documentation has been received.

**BASIC INFORMATION:**

Mr. Mrs. Miss Ms. Rev. Dr.

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

Surname: \_\_\_\_\_

Address (please include postal code):  
\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell/Work: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Church: \_\_\_\_\_ Address: \_\_\_\_\_

Would you be bringing any children too young to be campers? \_\_\_\_\_

**DATES: (Note that staff are required to attend pre-camp as well as camp)**

Pre-Camp: Friday, August 12<sup>th</sup> to Saturday, August 13<sup>th</sup>, 2011 @ Isaiah 40, 5867 Cote St. Antoine, NDG.  
Saturday, August 13<sup>th</sup>, 2011 prep @ Camp Livingstone.

Camp: Sunday, August 14<sup>th</sup> to Saturday, August 20<sup>th</sup>, 2011 @ Camp Livingstone.

**COST:** Crosstalk Ministries will pay for the costs of staff attending Camp. Donations to offset the cost of participating are gratefully received and tax receipts will be issued. As the cost to Crosstalk Ministries is over \$250 per person, the suggested minimum donation is \$175.

**MINISTRY AT SENIOR CAMP:** How would you like to serve at camp (check any that applies)?

- |  |                                   |
|--|-----------------------------------|
| Cabin Counsellor, age group preferred: _____ | Sports coordinator                |
| Resource Staff                               | Small Groups                      |
| Music Team                                   | On-Site Administrator             |
| Nurse (qualifications needed)                | Lifeguard (qualifications needed) |
| Prayer Letter Coordinator                    | Book table                        |
| Workshop Coordinator                         | Crafts                            |
| Quiet Time Material                          | CIT Leader                        |



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**SPIRITUAL BIOGRAPHY:**

Your Spiritual Biography is an important tool that helps us to make staffing decisions and to prepare to minister to our staff (e.g. selecting appropriate devotional topics). Please be honest, giving prayerful consideration as to what you should include in your biography. No application will be considered without one.

For Returning Staff: Please write about your spiritual growth or spiritual challenges that have occurred over the past year. Please include why you feel called to serve again as staff.

For New Staff: Please outline your Spiritual Biography, including how you have come to faith in Christ, any spiritual growth or challenges you have faced and why you feel called to serve at Senior Youth Camp. Please include a description of your current relationship with the Lord and your current devotional life.

**PLEASE SEND THIS FORM AND  
OTHER DOCUMENTATION TO:**

Senior Camp Staff 2011  
c/o Victoria & Timothy Huyer  
822 Riddell Ave N  
Ottawa ON K2A 2V9

**SECURITY:**

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

**OFFICIAL POLICE SCREENING**

Please note that we require all Staff members to be screened by local police force as an added security precaution. By signing this application, you give permission for screening to be done at a local level under the protocol that Crosstalk Ministries maintains with the Montreal police force. If you are coming from outside Montreal, please apply for local screening and forward the necessary documents to the camp director.

**REFERENCES (FOR NEW STAFF or STAFF RETURNING AFTER A LONG ABSENCE):**

Applicants who have never served in any Crosstalk Ministries must have two reference forms filled out on your behalf, including one from your parish priest/pastor.

I have asked the following people to fill out and submit reference forms (Appendices A&B) on my behalf:

1. \_\_\_\_\_ Phone number: \_\_\_\_\_

2. \_\_\_\_\_ Phone number: \_\_\_\_\_

Please note: References are not required for applicants who have already submitted reference forms to the Day Camps programme in the same year.



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**TRAINING AND QUALIFICATIONS:** For new staff, please fill in this section completely. For returning staff, re-fill this section if you have gained any training or qualification from last year.

Do you have first aid skills?

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Please list previous camps at which you have been on staff. Include the name of the camp, how long you were there, and what your duties entailed:

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Please list any training that you have had in camp counselling or youth work:

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Are there additional skills that you have that will assist you in your role as Senior Camp staff?

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**WORKSHOP PREFERENCES:** All staff members, with the exception of CIT's, are asked to consider leading workshops. Cabin staff are not required to lead workshops; resource staff should lead at least two workshops. The workshop director will contact you closer to camp with respect to your workshop.

**STYLE PREFERENCE:**

I prefer to lead workshops on my own

I prefer to lead workshops with a partner. Name: \_\_\_\_\_

No preference

\* Please write a brief summary of what your Workshop will be about.

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\* Please write a brief summary of what your Workshop will be about.

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**SENIOR YOUTH CAMP  
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**MEDICAL INFORMATION:** The purpose of this form is to provide Crosstalk Ministries Staff with information in the event of a medical emergency or unforeseen problem. All information is strictly confidential.

Full Name: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_  
Medicare (or OHIP) #: \_\_\_\_\_  
Expiry date : \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_

<b>In case of emergency, please notify:</b> Name: _____ Relationship: _____ Phone: _____
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Approx. date of last tetanus shot (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ of last dental exam (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Serious allergies and usual treatment: \_\_\_\_\_

Any communicable diseases in the past 12 months? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

List medications currently taken: \_\_\_\_\_

Please indicate any medical conditions to which you are subject:

- |                |                      |                 |                          |
|----------------|----------------------|-----------------|--------------------------|
| Arthritis      | Anxiety attacks      | Asthma          | Bronchitis               |
| Diabetes       | Ear trouble          | Epilepsy        | Fainting                 |
| Frequent colds | Migraines            | Motion sickness | Nosebleeds               |
| Nightmares     | Gall bladder attacks | Heart trouble   | Pleurisy                 |
| Pneumonia      | Skin problems        | Sleepwalking    | Urinary tract infections |

Other: \_\_\_\_\_

Usual treatment: \_\_\_\_\_

Please indicate any of the following that you have ever had:

- |               |                 |
|---------------|-----------------|
| Appendicitis  | Poliomyelitis   |
| Hepatitis     | Rheumatic fever |
| Mononucleosis | Tonsillitis     |

Note any illnesses, recent operations (taken or advised), or injuries not included above: \_\_\_\_\_

The program may include swimming, boating, hiking, etc. Do you suffer from any physical or emotional disorder that would prevent your participation in those activities? If yes, please indicate them here. \_\_\_\_\_

**Are you a vegetarian?** \_\_\_\_\_ **Do you require a special diet?** \_\_\_\_\_ **If yes, please specify:** \_\_\_\_\_

To the best of my knowledge I am in good health. I hereby authorize 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 that may occur.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SENIOR YOUTH CAMP  
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**CROSSTALK MINISTRIES' STATEMENT OF FAITH:**

We accept wholeheartedly the revelation of God given in the Scriptures of the Old and New Testament, and confess the faith therein set forth and summarized in such historic statements of the Christian Church as the Apostles and Nicene Creeds and the thirty-nine articles. We here explicitly assert the doctrines which they regard as crucial to the understanding and proclamation of the Gospel and to practical Christian living.

1. The sovereignty and grace of God the father, Son and Holy Spirit in creation, providence, revelation, redemption and final judgment.
2. The divine inspiration of Holy Scripture and its consequent entire trustworthiness and supreme authority in all matters of faith and conduct.
3. The universal sinfulness and guilt of human nature since the fall, making man subject to God's wrath and condemnation, making necessary personal salvation.
4. The substitutionary sacrifice on the cross of the incarnate Son of God and His bodily resurrection as the sole ground of redemption from guilt, penalty and power of sin.
5. The justification of the sinner by the grace of God through faith alone in Christ crucified and risen from the dead.
6. The illuminating, regenerating, indwelling, sanctifying, empowering and commissioning work of God the Holy Spirit in the believer.
7. The One, Holy, Catholic, Apostolic Church, which is the visible Body of Christ on earth whose members form the priesthood of all true believers.
8. The sacraments of Baptism and Holy Communion as 'visible words' which proclaim the Gospel, and are means of grace by which faith is quickened and strengthened.
9. The expectation of the personal, visible return of the Lord Jesus Christ.

Do you agree with the above Statement of Faith?      Yes      No

**CROSSTALK MINISTRIES' PERSONAL MEMBERSHIP AGREEMENT:**

*Your Senior Youth Camp staff donation counts towards your membership fee in the Corporation of Crosstalk Ministries, making you a member, and eligible to vote at the Annual General Meeting should you accept the following Personal Membership Agreement:*

As a member of the Corporation of Crosstalk Ministries, in thankfulness for God's mercy in Christ to us, I undertake:

1. To read the Scriptures regularly as God's Word and to seek to let my life be shaped by the Holy Spirit in obedience to that Word.
2. By God's grace to bear witness to the saving power of Jesus Christ.
3. To pray regularly for the work of Crosstalk Ministries.
4. To support financially, as I am able, the work of Crosstalk Ministries.

Do you accept this membership agreement?      Yes      No



## SENIOR YOUTH CAMP STAFF APPLICATION 2011

### Ministry and Leadership at Senior Youth Camp

Here is a trustworthy saying: If anyone sets his heart on being an overseer, he desires a noble task. Now the overseer must be above reproach, the husband of but one wife, temperate, self-controlled, respectable, hospitable, able to teach, not given to drunkenness, not violent but gentle, not quarrelsome, not a lover of money (1 Tim 3:1-3)

Staff of Senior Camp are leaders in ministry helping people of all ages become strong disciples of Jesus Christ.

Staff have diverse gifts and hence help fulfill this mission in many different ways (music, counselling, organizing games, preparing devotions, etc.). One way all staff minister is by seeking to let their lives be shaped by the Holy Spirit in obedience to God's Word. Staff "must hold firmly to the trustworthy message as it has been taught, so [they] can encourage others by sound doctrine and refute those who oppose it" (Titus 1:9).

As leaders in ministry, staff must live a life that is consistent with the love and holiness required in Scripture of those who are called to be examples to the flock of Christ (1 Thess 4:3-8). Every staff member is commanded to "honour God with your body" because your body belongs to God and is a temple to the Holy Spirit which is in you (1 Cor 6:19-20).

There are two reasons why leaders must live a Godly life. First, "those who have served well gain an excellent standing and great assurance in their faith in Christ Jesus" (1 Tim 3:13). By setting an example, leaders are worthy of respect and have a good reputation (1 Tim 3:7-11), and therefore are better able to lead others closer to Christ. Second, members who are unable to meet the requirements set out in Scripture need to focus on (re)turning their own lives closer to Christ.

To meet the requirements set out in Scripture, staff must abstain from sexual immorality, the use of non-medicinal drugs and any occult activity. Also, staff may not gamble, drink or smoke at any Crosstalk event and should refrain from excess gambling, drinking or smoking at all times. Note that sexual immorality is any sexual relationship outside of a marriage (1 Tim 3:2; Titus 1:6; 1 Cor 6:15-16).

When staff are unable to meet these requirements Crosstalk Ministries will ask the staff to step back from leadership so that they can focus on their own spiritual needs. Once the staff have recognized the sinfulness of their acts and have recommitted themselves to Christ and living a Godly life, they will be welcomed back to leadership.

Do you agree to abide by the above?  Yes  No



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**CROSSTALK MINISTRIES' PUBLICITY CONSENT:**

*Photos are taken at Camp both as souvenirs of the occasion and to use in various types of publicity. As of 2001, it is the Senior Youth Camp policy that no discernable images of anyone involved in the ministry, either as staff or as campers, will be used without the consent of the subject or, in the case of a minor, the subject's parent or legal guardian.*

Please indicate your consent where applicable (check all that apply):

I authorize Crosstalk Ministries to use images of me in brochures, newsletters and other print materials.

I authorize Crosstalk Ministries to use images of me in videos, PowerPoint presentations and other similar audio-visual productions.

I authorize Crosstalk Ministries to use images of me on its website.

**CROSSTALK MINISTRIES' FINANCIAL POLICY FOR STAFF:**

Crosstalk camps are committed to offering a large ratio of staff to campers. We believe this is essential to truly minister to the needs of the campers, helping them to become strong disciples of Jesus Christ.

It costs Crosstalk Ministries over \$250 for each staff member to be at Camp. As we do not like to absorb site and food costs of the staff into camper registrations fees, we welcome donations from staff to offset their food and lodging expenses.

We recognize that not all staff can do this, including:

1. Those in full time Christian service who must raise their own support;
2. Those who serve on travelling Day Camp teams with Crosstalk Ministries for the whole summer;
3. Speakers;
4. Clergy and students who cannot raise these funds.

The suggested minimum donation for staff is \$175.00. This money is considered to be a donation to the camp, and tax receipts will be issued by the Crosstalk Office. If you are unable to make a donation to offset your costs, we encourage you to ask your church or family to do so on your behalf. Please speak to the directors if the financial policy is a concern for you.

**SIGNATURE:**

I hereby affirm that the information provided in this application is true, to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for applying to be a volunteer at Senior Camp!**



**SENIOR YOUTH CAMP  
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**APPENDIX A – CONFIDENTIAL REFERENCE FORM**

Senior Youth Camp is a week-long residential camp for teens aged 13-18, sponsored by Crosstalk Ministries, an ecumenical organization made up of clergy and laity. The programme focuses on community and relationship building as well as sound Biblical teaching. It includes worship, games, crafts, sports and workshops; all of which are planned and carried out by our staff. Staff may also be responsible for counselling campers on spiritual and emotional issues. With this in mind, please complete and return this form at your earliest convenience. Thank you for your cooperation.  
**PLEASE RETURN THIS FORM TO:**

Senior Camp Staff 2011  
c/o Victoria & Timothy Huyer  
822 Riddell Ave. N.  
Ottawa, ON, K2A 2V9

Applicant's name: \_\_\_\_\_

Please evaluate the applicant (in as much detail as possible) with reference to the following areas:

Personal appearance (neatness, dress, etc.):

\_\_\_\_\_

\_\_\_\_\_

Social, emotional and spiritual maturity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ability to get along with others:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leadership ability:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ability to communicate:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ability to counsel children and/or young people in personal and spiritual matters:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SENIOR YOUTH CAMP  
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What particular contributions do you think this applicant can make to the programme?

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Would you want this applicant to lead your children? Please explain:

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Would you fully recommend this applicant? Please indicate yes or no, with an explanation:

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Do you have any reason (either information or suspicion) to believe that this applicant may pose a risk, either emotional or physical to any child or youth:

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Other comments:

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In what capacity have you known the applicant?

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How long have you known the applicant?

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I hereby affirm that the information provided in this form is true, to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_

**Thank you for your assistance!**



**SENIOR YOUTH CAMP  
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**APPENDIX B – CONFIDENTIAL REFERENCE FORM**

Senior Youth Camp is a week-long residential camp for teens aged 13-18, sponsored by Crosstalk Ministries, an ecumenical organization made up of clergy and laity. The programme focuses on community and relationship building as well as sound Biblical teaching. It includes worship, games, crafts, sports, and workshops; all of which are planned and carried out by our staff. Staff may also be responsible for counselling campers on spiritual and emotional issues. With this in mind, please complete and return this form at your earliest convenience. Thank you for your cooperation.

**PLEASE RETURN THIS FORM TO:**

Senior Camp Staff 2011  
c/o Victoria & Timothy Huyer  
822 Riddell Ave. N.  
Ottawa, ON, K2A 2V9

Applicant's name: \_\_\_\_\_

Please evaluate the applicant (in as much detail as possible) with reference to the following areas:

Personal appearance (neatness, dress, etc.):

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Social, emotional and spiritual maturity:

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Ability to get along with others:

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Leadership ability:

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Ability to communicate:

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Ability to counsel children and/or young people in personal and spiritual matters:

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**SENIOR YOUTH CAMP  
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What particular contributions do you think this applicant can make to the programme?

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Would you want this applicant to lead your children? Please explain:

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Would you fully recommend this applicant? Please indicate yes or no, with an explanation:

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Do you have any reason (either information or suspicion) to believe that this applicant may pose a risk, either emotional or physical to any child or youth:

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Other comments:

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In what capacity have you known the applicant?

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How long have you known the applicant?

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I hereby affirm that the information provided in this form is true, to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_

**Thank you for your assistance!**