

# pioneer ranch camps

## PROGRAM TEAM APPLICATION

Please specify which position you are applying for. If several, note them all: \_\_\_\_\_

Check Available Positions Online

### *Part 1: Personal Information*

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

Permanent Address: \_\_\_\_\_ City, Province: \_\_\_\_\_  
(that will always reach you)

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Present Address: \_\_\_\_\_ City, Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Available at above address from: \_\_\_\_\_ to: \_\_\_\_\_

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

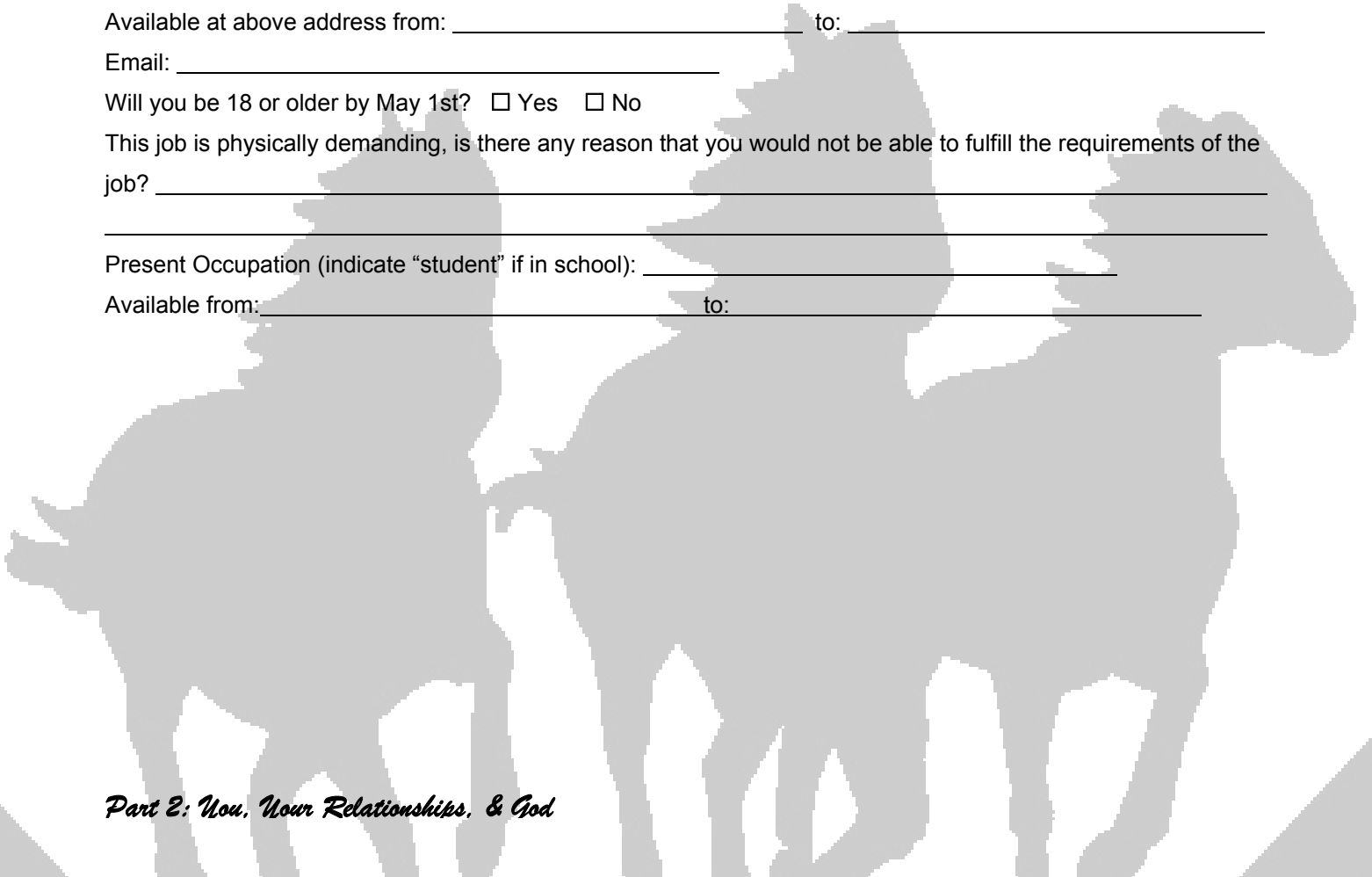
Will you be 18 or older by May 1st?  Yes  No

This job is physically demanding, is there any reason that you would not be able to fulfill the requirements of the job? \_\_\_\_\_

Present Occupation (indicate "student" if in school): \_\_\_\_\_

Available from: \_\_\_\_\_ to: \_\_\_\_\_

### *Part 2: You, Your Relationships, & God*



Please complete parts 2-4 on separate paper (preferably typed)

- a) How and when did Christ become real to you?
- b) Tell us a bit about how you are relating to God and God's people right now.
- c) What is one aspect of your faith that you are interested in learning more about and why?
- d) Which of the following describes you best? Check off the statements that apply to you.
- |   |  |
|---|--|
| <input type="checkbox"/> I love adventure                               | <input type="checkbox"/> I like the idea of a building project, rather than drama or music     |
| <input type="checkbox"/> I like to organize events                      | <input type="checkbox"/> I'm interested in leading groups of all ages                          |
| <input type="checkbox"/> I'm physically active                          | <input type="checkbox"/> I am flexible and able to maintain focus when under pressure          |
| <input type="checkbox"/> I'm basically quiet, but friendly              | <input type="checkbox"/> I'm comfortable getting feedback from others regarding my performance |
| <input type="checkbox"/> I'm an extrovert                               | <input type="checkbox"/> I would like to learn another skill as part of my time with Pioneer   |
| <input type="checkbox"/> I'm willing to try just about anything         |  |
| <input type="checkbox"/> People tell me that I'm easy to get along with |  |
| <input type="checkbox"/> I'm quite active in my university/youth group  |  |

a) List any experience you have had in leading groups (i.e. Sunday School, Scouts, Guides, School, etc.)

b) Describe a time when you worked with a team of people. How did you contribute to the overall goal, and what did you learn about working as a team?

### ***Part 3: Leadership Experience***

c) What spiritual gifts/talents/abilities do you believe you have?

### ***Part 4: Pioneer & You***

a) Have you had previous contact with Inter-Varsity Christian Fellowship or Pioneer Camps in Canada?

b) Why do you want to be a program team member?

c) What challenges do you anticipate if you become a program team member?

### ***Part 5: Other Skills Experience and Qualifications***

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Please indicate whether you could teach any of the following skills and list your experience and certification. If you would like to learn some of these skills before the spring or summer, please include that information as well.

a) Canoeing/Water Sports: \_\_\_\_\_

b) Horseback Riding (horse care, riding, etc): \_\_\_\_\_

c) Outdoor Camping Skills: \_\_\_\_\_

d) Climbing: \_\_\_\_\_

e) Mountain Biking: \_\_\_\_\_

f) Archery: \_\_\_\_\_

g) Orienteering: \_\_\_\_\_

h) Initiative Tasks: \_\_\_\_\_

i) Team Building Games: \_\_\_\_\_

Other (i.e. campfire, music, games, etc.) \_\_\_\_\_

Check the appropriate boxes to indicate what qualifications you have. Please include a copy of your certificate(s)

- |   |                       |                                       |                       |
|---|-----------------------|---------------------------------------|-----------------------|
| <input type="checkbox"/> CPR                  | Expiration Date _____ | <input type="checkbox"/> Bronze Cross | Expiration Date _____ |
| <input type="checkbox"/> Standard First Aid   | Expiration Date _____ | <input type="checkbox"/> NLS          | Expiration Date _____ |
| <input type="checkbox"/> Wilderness First Aid | Expiration Date _____ |                                       |                       |

If you answered 'none' to the above would you be able to obtain First Aid or CPR before coming to camp? \_\_\_\_\_

***Part 6: Specialist Position Experience and Qualifications (please include copies) ocertificates)***

(To be filled out by those applying for the four-month specialist positions, i.e. lifeguard)

Please tell us about your personal experience, leadership experience, and certification in the specialist position you are applying for. Use additional space if needed.

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***Part 7: Resume & References***

Resume: Please attach a current resume.

Criminal Reference Check: If you have a current (within the last three years) criminal reference check, please include it with your completed application form. If you do not have one please contact the office at Pioneer Ranch Camps to make arrangements to get one.

Please list the names, and phone numbers of the three people that you will be asking to give you a reference. One should be a pastor or an IVCF/Pioneer staff worker if possible, one should be adult that knows you well, and one should be a past employer.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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## *Program Staff Team: Reference Form Christian Character*

Name of Applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Do you feel the applicant has a vital learning relationship with Jesus Christ as his/her personal Saviour?

Yes  No Any comments? \_\_\_\_\_

What are the applicant's gifts & strengths? (be as specific as possible) \_\_\_\_\_

Name two areas that would be growing edges for the applicant:

1. \_\_\_\_\_

2. \_\_\_\_\_

When you think of this applicant, what four words would you use to describe this person?

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Name two things that you really like about this applicant:

1. \_\_\_\_\_

2. \_\_\_\_\_

Would you describe the applicant as an extrovert or introvert? \_\_\_\_\_

Assess the applicant in the following categories (give a value of 1-10 with 10 being the most positive):

\_\_\_\_\_ Leadership ability

\_\_\_\_\_ Ability to see a need and take initiative

\_\_\_\_\_ Punctuality

\_\_\_\_\_ Servanthood...known for quick ability to be helpful

\_\_\_\_\_ Team Player

\_\_\_\_\_ Level of self-confidence in new situations

\_\_\_\_\_ Teachable

\_\_\_\_\_ Participation in sports, community, school events

\_\_\_\_\_ Emotional stability

\_\_\_\_\_ Flexible and able to adapt to the situation

\_\_\_\_\_ Participation in church

\_\_\_\_\_ Ability to accept others different from him/ herself

\_\_\_\_\_ Good self-concept

\_\_\_\_\_ Demonstrates sound judgment & common sense

\_\_\_\_\_ Receives feedback well

\_\_\_\_\_ Ability to handle stressful situations

\_\_\_\_\_ Has a positive influence on others

\_\_\_\_\_ General Health – energy, stamina, etc

\_\_\_\_\_ Aware of strengths & weaknesses

\_\_\_\_\_ Willingness to be accountable to a Christian community

\_\_\_\_\_ Positive relationships within a wide friendship grouping

Attitude towards: \_\_\_\_\_ superiors \_\_\_\_\_ opposite sex \_\_\_\_\_ school/work

Have you any reason for lack of confidence in this applicant working for us?  Yes  No

If yes, please explain: \_\_\_\_\_

In your opinion is the applicant clearly suitable for youth ministry? \_\_\_\_\_

Any final comments? \_\_\_\_\_

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

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

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

May we phone you for further information if required?  Yes  No

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## *Program Staff Team: Reference Form Friend*

Name of Applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

What are the applicant's gifts & strengths? (be as specific as possible) \_\_\_\_\_

Name two areas that would be growing edges for the applicant:

1. \_\_\_\_\_
2. \_\_\_\_\_

When you think of this applicant, what four words would you use to describe this person?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Name two things that you really like about this applicant:

1. \_\_\_\_\_
2. \_\_\_\_\_

Would you describe the applicant as an extrovert or introvert? \_\_\_\_\_

Assess the applicant in the following categories (give a value of 1-10 with 10 being the most positive):

- |  |  |
|--|--|
| _____ Leadership ability                                       | _____ Ability to see a need and take initiative            |
| _____ Punctuality  | _____ Servanthood...known for quick ability to be helpful  |
| _____ Team Player  | _____ Level of self-confidence in new situations           |
| _____ Teachable  | _____ Participation in sports, community, school events    |
| _____ Emotional stability                                      | _____ Flexible and able to adapt to the situation          |
| _____ Aware of strengths & weaknesses                          | _____ Ability to accept others different from him/ herself |
| _____ Good self-concept  | _____ Demonstrates sound judgment & common sense           |
| _____ Receives feedback well                                   | _____ Ability to handle stressful situations               |
| _____ Has a positive influence on others                       | _____ General Health – energy, stamina, etc                |
| _____ Positive relationships within a wide friendship grouping |  |

Attitude towards: \_\_\_\_\_ superiors      \_\_\_\_\_ opposite sex      \_\_\_\_\_ school/work

Have you any reason for lack of confidence in this applicant working for us?  Yes  No

If yes, please explain: \_\_\_\_\_

In your opinion is the applicant clearly suitable for youth ministry? \_\_\_\_\_

Any final comments? \_\_\_\_\_

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

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

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

May we phone you for further information if required?  Yes  No

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*Program Staff Team: Reference Form  
Past Employer/Supervisor*

Name of Applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

What are the applicant's gifts & strengths? (be as specific as possible) \_\_\_\_\_

\_\_\_\_\_

Name two areas that would be growing edges for the applicant:

1. \_\_\_\_\_

2. \_\_\_\_\_

When you think of this applicant, what four words would you use to describe this person?

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Name two things that you really like about this applicant:

1. \_\_\_\_\_

2. \_\_\_\_\_

Would you describe the applicant as an extrovert or introvert? \_\_\_\_\_

Assess the applicant in the following categories (give a value of 1-10 with 10 being the most positive):

- |  |  |
|--|--|
| _____ Leadership ability                                       | _____ Ability to see a need and take initiative            |
| _____ Punctuality  | _____ Servanthood...known for quick ability to be helpful  |
| _____ Team Player  | _____ Level of self-confidence in new situations           |
| _____ Teachable  | _____ Participation in sports, community, school events    |
| _____ Emotional stability                                      | _____ Flexible and able to adapt to the situation          |
| _____ Aware of strengths & weaknesses                          | _____ Ability to accept others different from him/ herself |
| _____ Good self-concept  | _____ Demonstrates sound judgment & common sense           |
| _____ Receives feedback well                                   | _____ Ability to handle stressful situations               |
| _____ Has a positive influence on others                       | _____ General Health – energy/ stamina, etc                |
| _____ Positive relationships within a wide friendship grouping |  |

Attitude towards: \_\_\_\_\_ superiors \_\_\_\_\_ opposite sex \_\_\_\_\_ school/work

Have you any reason for lack of confidence in this applicant working for us?  Yes  No

If yes, please explain: \_\_\_\_\_

Would you feel confident leaving your children in the applicant's care? \_\_\_\_\_

Any final comments? \_\_\_\_\_

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

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

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

May we phone you for further information if required?  Yes  No