



**2021**

**SUMMER CAMP  
STAFF APPLICATION**

880 Old Mill Rd., Omeme, ON K0L 2W0  
 Phone: 705.799.6521 Fax: 705.799.1465  
 Email: office@millstream.camp  
 Web Address: www.MillStream.camp

CONFIDENTIAL



*Failure to complete ALL questions will only delay processing your application.  
 New and returning applicants may require an in-person interview.  
 Please print clearly or type.*

**APPLICANT INFORMATION**

|   |             |  |   |   |
|---|-------------|--|---|---|
| Name:   | Address:    | City:                                  | Province:   | Postal Code:  |
| Phone #:  | E-mail:     | facebook Account:                      |   |   |
| Alternate #:  | Birth Date: | Age as of July 1, 2021<br>(Minimum 15) | Grade completed<br>as of July 1, 2021:                | Gender: <input type="checkbox"/> M <input type="checkbox"/> F |
| List any college or extended education<br>Name, Location, Grade or Year Level:  |             |  | Number of camper age<br>dependents attending<br>camp: |   |
| Indicate T-Shirt Size: Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/> |             |  |   |   |

**PERSONAL**

Why did you apply to be a camp staff member?

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What is your objective in life? Have you ever led a child to Christ?

Experience as camp counselor; where, age group, activities: What age children do you prefer working with?

Have you ever been convicted of a crime or do you currently have charges pending? If yes, please include explanation:

Have you ever been convicted of a crime or do you currently have charges pending? If yes, please include explanation:  yes  no If no, are you willing to undergo a Police Records Check?  yes  no

**CURRENT / MOST RECENT EMPLOYER**

|                     |             |  |         |  |
|---------------------|-------------|--|---------|--|
| <b>Contact Name</b> | Title       | Employment from _____ to _____<br><small>date date</small> |         |  |
| Company             | Address     | City   |         |  |
| Province            | Postal Code | Tel. No.   | Fax No. |  |
| Responsibilities    |             |  |         |  |

**PREVIOUS EMPLOYMENT**

|                     |             |  |         |  |
|---------------------|-------------|--|---------|--|
| <b>Contact Name</b> | Title       | Employment from _____ to _____<br><small>date date</small> |         |  |
| Company             | Address     | City   |         |  |
| Province            | Postal Code | Tel. No.   | Fax No. |  |
| Responsibilities    |             |  |         |  |

**MINISTRY OPPORTUNITIES**

What position are you interested in? Indicate preference in order your first, second and third choice by marking **1**, **2** or **3** in the following list.  
 Note that there are minimum age requirements for all positions. You may be required to fill 2 positions should one position have limited time requirements.

|                  |  |   |  |                                       |                                      |                                       |
|------------------|--|---|--|---------------------------------------|--------------------------------------|---------------------------------------|
| LEADERSHIP STAFF | <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Program Assistant      | <input type="checkbox"/> Head Cabin Leader   |                                       |                                      |                                       |
| PROGRAM STAFF    | <input type="checkbox"/> Cabin Leader        | <input type="checkbox"/> Assistant Cabin Leader | <input type="checkbox"/> Bible Teacher       | <input type="checkbox"/> _____ Leader |                                      |                                       |
| SUPPORT STAFF    | <input type="checkbox"/> Camp Nurse          | <input type="checkbox"/> Camp Cook              | <input type="checkbox"/> Kitchen Aide        | <input type="checkbox"/> Dining Hall  | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Housekeeping |
| SPECIALTY STAFF  | <input type="checkbox"/> Head Lifeguard      | <input type="checkbox"/> Lifeguard              | <input type="checkbox"/> Assistant Lifeguard | <input type="checkbox"/> _____ Leader | Other:                               |                                       |

## CAMP PROGRAM INTERESTS AND SKILLS

**Carefully check** program skills below which hold special interest for you and those in which you can be lead or assist.

Core Electives are programs which must be offered each week.

Auxiliary Electives are programs which are offered dependent upon having enough personnel who have the ability to teach them after the Core Electives have been assigned.

### CORE ELECTIVES

You must check **at least 2 programs** that you are willing to **lead**, double checkmark these.

As well, you must check **at least 2 programs** that you are willing to **assist**, single checkmark these.

During pre-camp training we will determine which programs you will either lead or assist based on what you have indicated below.

Check as many extra programs as applicable. This list will be used as a basis for what programs we will offer and what you will teach.

|                                       |                                   |                                  |                                |  |                                       |                                |                                 |
|---------------------------------------|-----------------------------------|----------------------------------|--------------------------------|--|---------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Swim Lessons | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Archery | <input type="checkbox"/> Drama | <input type="checkbox"/> Sports<br><small>soccer, basketball, volleyball, etc.</small> | <input type="checkbox"/> Nature Study | <input type="checkbox"/> Music | <input type="checkbox"/> Crafts |
|---------------------------------------|-----------------------------------|----------------------------------|--------------------------------|--|---------------------------------------|--------------------------------|---------------------------------|

### AUXILIARY ELECTIVES

Check as many extra programs as applicable that you would like to be involved in.

If you are willing to **lead**, double checkmark these. If you are willing to **assist**, single checkmark these.

|   |                                     |  |  |                                       |                                      |
|---|-------------------------------------|--|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bible Teaching | <input type="checkbox"/> Geocaching | <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Drawing      | <input type="checkbox"/> Pioneering  |
| <input type="checkbox"/> Photography    | <input type="checkbox"/> Puppets    | <input type="checkbox"/> Singing       | <input type="checkbox"/> Storytelling  | <input type="checkbox"/> Scrapbooking | <input type="checkbox"/> Other _____ |

Indicate if you have any special qualifications below (e.g. ORCKA, NLS, etc.).

Is there any activity or hobby in which you have done special work or have special ability? Give details:

## CAMP PROGRAM ACTIVITIES

Check off any activities you would be interested in being involved with. Check all that are applicable

|   |   |                                       |   |                                      |  |
|---|---|---------------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> Challenge Course   | <input type="checkbox"/> Audio Equipment                      | <input type="checkbox"/> Lifeguarding | <input type="checkbox"/> Videography    | <input type="checkbox"/> Gardening   | <input type="checkbox"/> Rock Climbing |
| <input type="checkbox"/> Campfire Program   | <input type="checkbox"/> Fishing                              | <input type="checkbox"/> Song Leading | <input type="checkbox"/> Grounds Maint. | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____   |
| Do you swim?  | What YMCA or Red Cross Ratings do you hold (please list all): |                                       |   |                                      |  |
| Do you play a musical instrument? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which? |   |                                       |   |                                      |  |

## REFERENCES

(required for ALL NEW applications only)

Provide names of four individuals (not relatives) who know you well.

(Example: Pastor, Youth Leader, Employer, School Official, Coach, Church Member)

**Ensure that your references are aware that they will be contacted. Email is the preferred and quickest method of communication.**

References will be required to complete and return a written form by email, fax or postal mail.

|                            |  |                |      |             |          |
|----------------------------|--|----------------|------|-------------|----------|
| <b>Pastor/Youth Leader</b> |  | Name of Church |      | Years Known |          |
| Address                    |  |                | City |             | Province |
| Postal Code                |  | Tel. No.       |      | Email       |          |
| <b>Name</b>                |  | Relationship   |      | Years Known |          |
| Address                    |  |                | City |             | Province |
| Postal Code                |  | Tel. No.       |      | Email       |          |
| <b>Name</b>                |  | Relationship   |      | Years Known |          |
| Address                    |  |                | City |             | Province |
| Postal Code                |  | Tel. No.       |      | Email       |          |
| <b>Name</b>                |  | Relationship   |      | Years Known |          |
| Address                    |  |                | City |             | Province |
| Postal Code                |  | Tel. No.       |      | Email       |          |

## AVAILABILITY

**\*Student staff must apply for the entire weeks of summer camps in July and August.**

- July 11-17    July 18-24    July 25-31  
 August 1-7    August 8-10

\*Additional weeks to serve may be available.

**ALL STUDENTS:** It is mandatory to attend all of the required precamp training held from Saturday, July 3<sup>rd</sup> at 7pm to Sunday, July 10<sup>th</sup> to work at Mill Stream.

The precamp training week is an unpaid week. I understand that if I do not attend the required training I may not be hired.

YES, I agree to attend.

**IS MONETARY COMPENSATION REQUIRED FOR THE WEEKS SERVING?**    YES    NO

**DOCTRINAL QUESTIONNAIRE****INSTRUCTIONS FOR COMPLETING THIS SECTION – READ CAREFULLY****FOR ALL  
NEW STAFF:**

- 1) This section must be completed entirely before you can be considered to serve this summer.
- 2) Fill out all questions below completely. Include scriptural references for each question where requested. You may use a separate sheet of paper if needed. Incomplete answers will delay your application.

**FOR  
RETURNING  
STAFF ONLY:**

Complete both steps:

1) Check one:

- There are no changes in my Doctrinal Questionnaire (Go to step 2)  
 There are changes in my Doctrinal Questionnaire (Make changes in the sections below)

2) All returning staff must complete on a separate piece of paper answers to the following questions:

- a. In what ways did you grow and develop as a person last summer at camp;
  - b. How you have maintained your spiritual growth this year
  - c. What, if anything, would you do differently this coming summer at camp
- The length of your answers are not important, however the content is.

Church you attend:

Are you a Member:

 yes  no

Your Involvement at your Church:

Pastor's Name:

Church Phone Number:

**SECTION 1    Salvation**

a) Explain how you came to know Christ as your Savior. Please try to be specific about your experience.

b) How long have you been saved?

c) Is every one born in sin and is a sinner?

Give one verse to support your answer:

d) Did Christ die in our place for our sins?

Give one verse to support your answer:

e) Can our good works bring favor with God and save us?

Give one verse to support your answer:

f) Does God save us if we truly believe in His Son, Jesus Christ?

Give one verse to support your answer:

g) When one is truly born again is their eternal destiny is settled forever?

Give one verse to support your answer:

h) Briefly explain how to be saved using Scripture references:

**SECTION 2    Word of God**

a) Is the Bible inspired?

Give one verse to support your answer:

b) Can the Bible be taken as the final authority in matters of life and conduct today?

**SECTION 3    Godhead**

a) Do you believe in the Trinity?      Why?

Give one verse to support your answer:

b) Do you believe that the Father, Son and Holy Spirit are distinct persons, each with His own work and yet co-equal?

Give one verse to support your answer:

**SECTION 4    Jesus Christ**

a) Is He coming visibly to earth again?

Give one verse to support your answer:

b) Is He the Son of God born of a virgin?

c) Did He work miracles while here on earth?

d) Did He live a sinless life?

Give one verse to support your answer:

e) Did He really die and was He buried?

f) Did He rise again the third day in bodily form?

**SECTION 5    Holy Spirit**

a) Is He a real personality?

b) Do you believe in being filled with the Spirit?

c) Do we receive the Holy Spirit when we believe?

d) Do you speak or pray in tongues?

**SECTION 6    Man**

a) Is man is the product of evolution or direct creation?

Give one verse to support your answer:

b) Can natural man do anything in himself to please God?

Give one verse to support your answer:

c) Will a child or any individual capable of understanding the Gospel be eternally punished if they have not accepted Christ as Savior?

Give one verse to support your answer:

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**SECTION 7 Holy Living**

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- a) Is it God's will for Christians to live an exemplary life? Give one verse to support your answer:
- b) Can God give us power to overcome sin in our lives? Give one verse to support your answer:
- c) Does God desire us to be separate from the things of the world? Give one verse to support your answer:
- d) Do you seek to please God in the matter of personal habits?
- e) Do you seek to please God in your relationships with the opposite sex?

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**SECTION 8 Future Things**

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- a) Where will the believer go when he dies? Give one verse to support your answer:
- b) Where will the unbeliever go when he dies? Give one verse to support your answer:
- c) Does the punishment of the lost last forever? Give one verse to support your answer:
- d) Is there a second chance to be saved after death? Give one verse to support your answer:

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Additional Comments:

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I have read and fully understand all the questions requested in this application. I certify that all answers given by me are accurate and complete. I understand that completion and submission of this application does not ensure me a position. I authorize Mill Stream Bible Camp and Retreat Centre to contact the references listed above and I release each person from liability for providing this information.

If accepted for service:

- I understand that I will need to provide a Police Records Check at my own expense and all information concerning my references and Police Records check will be treated in a confidential manner and according to the Mill Stream Bible Camp and Retreat Centre Privacy Policy.
- I understand that omission and/or misrepresentation of the facts requested may be just cause for immediate dismissal without prior notice.
- I agree to abide by all the rules and policies of Mill Stream Bible Camp and Retreat Centre
- I agree to abide by BCM Statement of Faith and Community Standards Statement.

I have read, understood and agree to the above.

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|         |       |
|---------|-------|
| SIGNED: | DATE: |
|---------|-------|

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All correspondence will be by email listed on the front page unless otherwise requested here: \_\_\_\_\_

**Mill Stream Bible Camp and Retreat Centre is owned and operated by BCM International (Canada) Inc.**

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**OFFICE USE ONLY**

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|  |  |
|--|--|
| Date Received<br>____/____/____<br>MM DD YY                  | Date First Response Issued<br>____/____/____<br>MM DD YY         |
| Date First Reference Received<br>____/____/____<br>MM DD YY  | Date References Issued<br>____/____/____<br>MM DD YY             |
| Date Second Reference Received<br>____/____/____<br>MM DD YY | Date Phone Interview Completed<br>____/____/____<br>MM DD YY     |
| Date Third Reference Received<br>____/____/____<br>MM DD YY  | Date In-person Interview Completed<br>____/____/____<br>MM DD YY |
| Date Fourth Reference Received<br>____/____/____<br>MM DD YY | Date Response Sent<br>____/____/____<br>MM DD YY                 |

NOTES:

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