



**CYPRESS HILLS
BIBLE CAMP**

Camp Season (May-Sept)

Phone: 306-662-3956

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3-1335 Trans Canada Way SE,

Medicine Hat, AB T1B 1J1

cypresshillscamp@gmail.com

www.cypresshillscamp.ca

CHC Support Staff Application

Applicants Name _____ Position _____

Occupation _____ Gender M F

Permanent Address _____

City _____ Prov. _____ Postal Code _____

Phone (_____) _____ Fax (_____) _____

Email _____

Next of Kin _____ Phone (_____) _____

Dates Available – From ____/____/____ through ____/____/____

Exceptions to dates above _____

I have been advised of the responsibilities of my position and understand that I am directly answerable to the Director. I further understand that, given the sensitive nature of working with and around children, and the expectation of society and regulatory bodies and insurers, CHC requires this application, current references, and criminal records checks on file for “ALL” staff persons. **A copy of your current CRIMINAL RECORDS check is required every 2 years. Please submit your criminal record check with your application form or mail it separately as soon as possible as we cannot confirm your acceptance until it is received.**

REFERENCES

Provide the names and phone #s of 1 pastor and 2 adults over 25 years of age, who are not relatives.

YOU MUST PROVIDE THOSE LISTED WITH REFERENCE FORMS TO COMPLETE AND MAIL BACK TO CHC.

1. Name _____ Relationship _____
Phone _____ Email _____

2. Name _____ Relationship _____
Phone _____ Email _____

3. Name _____ Relationship _____
Phone _____ Email _____

COMMITMENT AND PLEDGE

I have considered the matter prayerfully, and I am willing to be subject to the jurisdiction of Cypress Hills Camp while I am there. I choose to cooperate fully and to maximize every opportunity for personal spiritual growth. I understand that anyone demonstrating a poor attitude or a poor quality of service is subject to dismissal. I have read and agree with the CHC Doctrinal Statement.

By signing below, I indicate that I have read and agree to abide by the CHC Code of Conduct.

Date ____/____/____ Signature _____

Mail completed form to: Cypress Hills Camp, 3-1335 Trans Canada Way SE, Medicine Hat, AB T1B 1J1