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CANADA



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Adult (age 18+) Returning Front Line Missionary Application Form

Questions? Phone: 1-705-356-7961 or email: register@galileanbiblecamp.ca

PLEASE PRINT ALL information when filling out this form.

First Name: _____ Last Name: _____

Sex: Male ____ or Female ____ Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Date of Birth (mm/dd/yy): _____ Email: _____

Work Phone: _____ Cell: _____ Home: _____

What position are you applying for? _____

Dates Available: From (mm/dd/yy) _____ To (mm/dd/yy) _____

Exceptions to date above: _____

Primary Language: _____ Secondary Language: _____

Which Church do you attend: _____

FAITH JOURNEY

Why do you want to work at Galilean Bible Camp?

Describe your current relationship with the Lord. _____

Do you have a criminal record? Yes ____ No ____

If you answered yes to the above question, please specify:

Do you have any certification that would be relevant to camp? (ie: lifeguard, CPR, First Aid, Food Handler, POL license, PAL license, pleasure craft operator card) IF you do, please list below:



MEDICAL HISTORY

Health Card Number: _____ Expiration: _____

Yes ___ No ___ Do you suffer from any physical or emotional condition? (optional)

If you answered yes, please explain the condition. _____

Yes ___ No ___ Have you been treated for any medical condition in the past twelve months?(optional)

If you answered yes, please explain the condition. _____

Yes ___ No ___ Do you have any allergies? If you answered yes, please explain.

Yes ___ No ___ Do you have any dietary restrictions or require a special diet? If so, please explain.

Emergency Contact Name: _____

Emergency Contact Phone Numbers: _____

___ I declare all this information to be accurate to the best of my knowledge. I hereby authorize One Hope Canada access to information with respect to my person from Police/Child Abuse registry files. I have read and agree with One Hope Canada's Statement of Affirmation (Statement of Faith and Code of Christian Conduct).

REFERENCES

I hereby provide the name and complete address of three references: my pastor and two other adult acquaintances over 25 years of age that are not relatives. (Incomplete information holds up the application process). I have informed my references that I have used their names and asked them to complete the reference form and return them to Galilean Bible Camp. (see below for contact info)

Name: _____ Relationship: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Phone Number: _____

Name: _____ Relationship: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Phone Number: _____



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Date Completed (mm/dd/yy): _____

Printed Name of Applicant _____

Signature of Applicant: _____

APPLICANT'S CHECK LIST:

- 1) Application questions are complete.
- 2) Two references have been contacted and told to return forms to register@galileanbiblecamp.ca or mail them to Galilean Bible Camp, PO Box 459, Blind River, ON, P0R1B0
- 3) Applicant has read, dated and signed the **Affirmation of Faith** which is to be sent to Galilean.

If approved by the Camp Director, the applicant will be contacted. The applicant may need to get a new Vulnerable Sector Police Check done as we can only use them for FIVE years. Galilean does NOT cover the cost.

If you have any questions, please do not hesitate to contact the office. We will be happy to answer any questions. Office hours are Monday to Friday, 9-4:30pm.

**Galilean Bible Camp, 1259 Granary Lake Road, PO Box 459, Blind River, ON, P0R 1B0

Email: register@galileanbiblecamp.ca

Phone: 1-705-356-7961

Fax: 1-705-356-4645

FOR OFFICE USE ONLY

Received by: _____

Date Received (mm/dd/yy): _____

Application Year: _____

Date of most current Vulnerable Sector Check (mm/dd/yy): _____

NOTES:
