



# DAVID THOMPSON BIBLE CAMP

## VOLUNTEER/SUPPORT TEAM APPLICATION

Dates Available: From \_\_\_\_\_, 20\_\_\_\_ Thru \_\_\_\_\_, 20\_\_\_\_

Applicant's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Occupation: \_\_\_\_\_ Sex: Male Female

Permanent Address \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Provincial Health Number: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Next of Kin, Phone: ( ) \_\_\_\_\_

I have been advised of the responsibilities of my position and understand that I am directly answerable to the Director. I further understand and have been advised of the amount of remuneration due me (if applicable). I agree to work in harmony with those around me and to abide by the rules, regulations, policies and procedures of DTBC and One Hope Canada.

I further understand that, given the sensitive nature of working with and around children, and the expectation of society and regulatory bodies and insurers, One Hope Canada requires this application, current references, and criminal records, and abuse registry checks on file for "ALL" staff (including volunteers) persons.

References: I hereby provide the names and full addresses of my Pastor and one adult acquaintance (or two adult acquaintances) over 25 years of age that is not a relative. (Incomplete addresses hold up the application process). I have informed my references that I have used their name and asked that they provide a quick response.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

I declare all this information to be accurate to the best of my knowledge. I hereby authorize DTBC and One Hope Canada access to information with respect to my person from Police/Child Abuse registry files.

Date: \_\_\_\_\_, 20\_\_\_\_ (mm/dd/yy) Signature: \_\_\_\_\_

Printed Name of Parent or Guardian (if under 18): \_\_\_\_\_

Signature of Parent or Guardian (if under 18 years old): \_\_\_\_\_

If the volunteer applicant has any concerns about signing this application or for further clarification, please contact Camp Director at (780)494-2103 or [director@dtbc.ca](mailto:director@dtbc.ca).