



Box 395
Crystal City, MB R0K 0N0
email: camp@rocklake.com
camp phone/fax:
204-825-2553 (seasonal)



CABIN LEADER APPLICATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ GENDER: _____

T-SHIRT SIZE: _____ PRESENT OCCUPATION: _____

What weeks are you available to volunteer for?

***Please note that you MUST be available to attend Leadership Development Week (LDW) from July 13-15. More details will follow upon acceptance of your application.**

CAMP EXPERIENCE

As a camper (name camp & years attended):

Please describe any skills, training or hobbies which you feel would be helpful at camp:

Swimming or Life Saving Level: _____ Canoeing Experience: _____

First Aid Certificate Held: _____ Music: _____

Crafts: _____ Nature: _____

Other: _____

Please describe any previous or related experience you have (baby-sitting, Sunday School teacher, volunteer youth leader, etc.):

Why would you like to volunteer at this camp?

What are your strengths in leadership? What areas do you need to grow in?

Rock Lake United Church Camp is a smoke, alcohol and drug free camp. Would you have any difficulty with this policy? _____

What should a camper experience at camp?

What should a cabin leader experience at camp?

**** All successful applicants will undergo a criminal record check and a child abuse registry check.**

***** Applications of successful candidates will be kept on file.**

Signature: _____

Print Name: _____ Date: _____

Parent/Guardian Signature: _____

Return this application, along with your resume and cover letter to the address below. Please note that we require two (2) non-family member references. Please include copies of all certificates and licenses pertaining to this job with your application. Email to lindsay@rocklake.com, or by mail to:

Rock Lake United Church Camp, Inc.
Box 395
Crystal City, MB R0K 0N0

**If you have any questions, please call Rod at (204)
825-7657, or email lindsay@rocklake.com**