

Box 40 • Arnes, Manitoba R0C 0C0
T. (204) 642.7618 • F. (204) 642.9437
E. arnes@camparnes.com

Christian Camping • Outdoor Education • Retreat Centre

Dear Camp Arnes Volunteer,

For over 60 years, Camp Arnes has relied on volunteers to run an awesome summer program, without people like you, this task would be impossible. Our staff, even though they receive an honorarium, volunteer way beyond an 8 hour day and are rewarded in countless ways – friendships, laughter and the joy of sharing Jesus with campers. What a privilege it is to serve alongside you here at Camp Arnes. Thank you for choosing to be part of this fun and dynamic team; you are invaluable and we hope that you too feel rewarded while serving at camp. We are keenly anticipating Summer 2012 and to know that we are **WANTED**; “*called by name and are His*”. As a volunteer we want you to know what to expect from Camp Arnes as well as what camp expects from you. Trust me, it is not all work and no play; there are lots of opportunities for you to enjoy “camp”.

For a child, summer camp is an exciting time where they make new friends, learn a new thing or two and grow as an individual. We encourage all volunteer parents, to make an effort to step back and let their child experience everything about camp without the watchful eye of mom or dad. As a volunteer, you will be expected to complete your daily scheduled shift for the week. If for some reason you are unable to fulfil your responsibility, you will be required to pay your campers’ full camp fees.

While at camp, all volunteers will stay in Cedar Lodge where all linen, pillows and shower towels are provided. We encourage you to bring your own alarm clock as well as a beach towel. Please plan to arrive Sunday evening between 7:30 and 9:00 pm to settle in and get prepared for the following day. Breakfast on Monday is at 7:30 am. As a volunteer you are welcome to enjoy the beach, explore our beautiful camp grounds, hike through the woods and join us at our nightly Wigwam or Fireside – where we sing songs and hear from God’s word.

The following clothing/items are required by our volunteers while working:

- **Kitchen** – closed toe shoes and long pants.
- **Dining Hall** – closed toe shoes and nothing shorter than Capri’s.
- **Corrals** – closed toe shoes and long pants (jeans).
- **Maintenance** – closed toe shoes, hat and water bottle.

We look forward to having you join us at Camp Arnes this summer. If you have any questions please feel free to contact me at 1-888-642-7618 or shauna@camparnes.com.

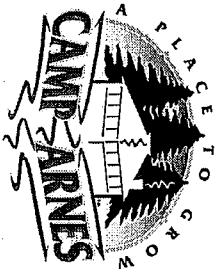
Sincerely,

Shauna

Shauna Wear
Volunteer Coordinator



Grow in grace and knowledge of our Lord and Saviour Jesus Christ. II Peter 3:18



CAMP ARNES • VOLUNTEER APPLICATION FORM • 2012
 Box 40 Arnes, MB R0C 0C0 Ph: 1-888-642-7618 Fax: 1-204-642-9437
 arnes@ccamparnes.com www.camparnes.com

GENERAL INFORMATION

Name: _____ City: _____ Prov.: _____ Postal Code: _____
 Address: _____ E-mail: _____ Phone: _____
 Male: Female:

PERSONAL INFORMATION

Personal MB Health #: _____ Family MB Health #: _____
 Church you attend (optional): _____ Occupation: _____
 Married: Single: Camper name(s) _____

MINISTRY EXPERIENCE / QUALIFICATIONS

Have you volunteered at camp (Camp Arnes or other) or attended camp in the past? (If so, where?) _____

Describe your experience? Positive / Negative _____

Why do you want to volunteer at Camp Arnes? _____

What area do you feel your skills are best suited? _____

WEEK(S) APPLYING FOR

Parent Volunteer. Camper(s) Name: _____
 Nurse Volunteer. Camper(s) Name: _____
 Non camper related volunteer.

(Camp will cover one half of a regular camper fee \$197.40 w/GST (\$188 no GST) for working one camp session.)
 (Camp will cover one full camper fee. Please fill out additional nursing related information Nurse Application.)

| | | | |
|---|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Teddy Bear (beginning of Summer) | <input type="checkbox"/> Week 1 | <input type="checkbox"/> Week 2 | <input type="checkbox"/> Week 3 |
| <input type="checkbox"/> Week 4 | <input type="checkbox"/> Week 5 | <input type="checkbox"/> Week 6 | <input type="checkbox"/> Week 7 |
| <input type="checkbox"/> Teddy Bear (End of Summer) | | | |

POSITIONS AVAILABLE

Position you are applying for:

- Nurse Food Services – Kitchen Maintenance Laundry
 Wrangler Food Services – Dining Hall Caretaking Tuck Shop

DISCLAIMER

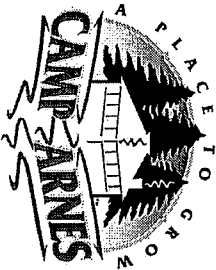
As a person serving at Camp Arnes, you are an ambassador for the camp and for Christ. The Camp Arnes board asks that all persons submit to the rules and regulations outlined by the camp. These guidelines are to ensure a safe, healthy and enriching environment for the campers and staff coming to camp. Included in the application are a copy of the *Camp Arnes Code of Conduct* and *Dress Code* for all staff and volunteers. Please read this information carefully and completely before completing this application.

SIGNATURE

I have read and agree with the Camp Arnes Statement of Faith and Mission Statement. I understand the guidelines as outlined in the Camp Arnes Code of Conduct and Dress Code and am willing to abide by them.

Signature: _____

Date: _____



CAMP ARNES • NURSING APPLICATION • 2012

(Part II of Volunteer Application Form)
Box 40 Arnes, MB R0C 0C0

Ph: 1-888-642-7618 Fax: 1-204-642-9437

PLEASE PRINT CLEARLY

Name: _____ Email: _____ Phone: _____

CREDENTIALS

Please check off your qualifications:

MD BN RN LPN EMR

Nursing Student College/University:

Other Please specify:

EMPLOYER

Name: _____

Address: _____ City: _____ Prov.: _____ Postal Code: _____

AREA OF WORK

Surgery Pediatrics Geriatrics Orthopaedics
 Medicine EMR ER/OR Personal Care Home/Other

UNISEX T-SHIRT SIZE (for nurses shirt)

Small Medium Large XLarge XXLlarge

Attached a copy of Current Active License Registration & CPR First Aid Certificate.

This form is to be completed along with your Volunteer Application Form and sent with all other relevant information to the Camp Arnes office indicated on enclosed cover letter.

I certify that all the information is accurate and true.

Signature: _____ Date: _____



Box 40 • Arnes, Manitoba R0C 0C0
T: (204) 642.7618 • F: (204) 642.9437
E: arnes@camparnes.com

Christian Camping • Outdoor Education • Retreat Centre

Dear Camp Arnes Volunteer,

Thank you again for being apart of our energetic team of staff and volunteers; we look forward to working along side of you this summer.

Completing any application is no simple process; like everything these days there is paper work, paper work and more paper work. Please read carefully and determine the area that you live, complete forms as indicated.

Winnipeg Residents

- BackCheck** – consent for Disclosure of Personal Information
- Copy of two (2) pieces I.D.** (One piece must be a government issued photo I.D.)
 - Drivers License
 - Passport
 - S.I.N
 - Manitoba Health Card – only if you are the primary card holder
(YOUR name must be on the front of the card, NOT your spouse's.)
- Child Abuse Registry** – please complete form and Camp Arnes will submit this on your behalf. Please ensure you sign and date BOTH sides of form.

Rural Manitoba (Outside the city of Winnipeg)

- Please go to your local **RCMP Detachment** and ask to have a Criminal Record Check done for Camp Arnes. Please remember to take your photo ID with you. (There is a fee for this service; you may submit your receipt to Camp Arnes.)
- Child Abuse Registry** – please complete form and Camp Arnes will submit this on your behalf.

Outside Manitoba, but still in Canada

- BackCheck** – consent for Disclosure of Personal Information
- Copy of two (2) pieces I.D.** (One piece must be a government issued photo I.D.)
 - Drivers License
 - Passport
 - S.I.N
 - Manitoba Health Card – only if you are the primary card holder
(YOUR name must be on the front of the card, NOT your spouse's.)
- Child Abuse Registry** – please complete form and Camp Arnes will submit this on your behalf. Please ensure you sign and date BOTH sides of form.

When returning your application form, please remember to include your application, all completed and signed forms and good copies of your ID.

Remember your application is not considered complete until everything is received, so please try and send it all together. If you are volunteering as a camper parent please ensure that you send your completed application in WITH your child's registration form

Should you have any question or concerns, please contact Shauna Wear at 1-888-642-7618 or shauna@camparnes.com

See you this summer!

Shauna Wear
Volunteer Coordinator



Grow in grace and knowledge of our Lord and Saviour Jesus Christ. // Peter 3:18



Consent for Disclosure of Personal Information
Name Based Canadian Criminal Record Verification

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

PLEASE NOTE: The following information and photocopies of identification are for identification purposes only, allowing BackCheck to accurately proceed with the assembly of a name based criminal record verification for employment/volunteer purposes. BackCheck will hold all personal information confidential.

Given Name(s): ▼

Middle Name(s): ▼

Gender: ▼ Check One Male Female

Surname: ▼

Maiden name, aliases, nicknames and any other names: ▼

Place of Birth: ▼

City

Province

Country

YYYY

/

mm

/

dd

Current Address: ▼

City

Province

Country

YYYY

/

mm

/

dd

Current Address Continued: ▼

City

Province

Country

YYYY

mm

dd

/

YYYY

mm

/

dd

Previous Address -- if less than 5 years ago: ▼

City

Province

Country

YYYY

mm

dd

/

YYYY

mm

/

dd

Previous Address Continued: ▼

City

Province

Country

YYYY

mm

dd

/

YYYY

mm

/

dd

Telephone Number: ▼

Province

Country

YYYY

mm

dd

/

YYYY

mm

/

dd

I certify that the information in this Disclosure for Personal Information is true and correct to the best of my ability.

Have you been convicted of a criminal offence for which a pardon has not been granted? Yes No

Have you been granted a conditional discharge within the past three (3) years? Yes No

Have you been granted an absolute discharge within the past year? Yes No

If you have answered Yes to any of the above questions, please provide details on ALL convictions (attach additional pages if required):

| Offence | Date (yyyy/mm/dd) | Location | Penalty |
|---------|-------------------|----------|---------|
| | / / | | |
| | / / | | |

Declaration of Offences

Disclaimer: The existence of a conviction will not preclude you from consideration for employment or a volunteer position with **Camp Arnes**. Details of the offence are requested to enable **Camp Arnes** to determine whether the offence is related to your employment, intended employment, volunteer position or intended volunteer position.

I have applied to **Camp Arnes** for employment or a volunteer position. Part of the screening process includes, a search of the National Criminal Records repository, known as the Canadian Police Information Centre (CPIC) database, maintained by the RCMP using the name(s) and date of birth provided above. BackCheck conducts these investigations on behalf of **Camp Arnes**.

I hereby consent and authorize a Canadian Police Department to search for and disclose on my behalf to BackCheck who is requesting a name based Canadian criminal record verification on behalf of **Camp Arnes** the fact that records may exist on me and are registered on the CPIC database. I acknowledge that such records may include information relating to criminal convictions under the *Criminal Code* (Canada) for which a pardon has not been granted and conditional and absolute discharges which have not been removed from the CPIC database in accordance with the *Criminal Records Act*.

I authorize BackCheck to release all information obtained to **Camp Arnes** and hold harmless BackCheck upon the release of this information or its findings to **Camp Arnes**. I understand that failing to provide accurate information or omission of facts herein may disqualify me from consideration for employment or a volunteer position with **Camp Arnes**.

Furthermore, if there is a discrepancy with the information provided by myself on this form and that disclosed by a Canadian Police Department during this investigation of my criminal records history, I understand that I have the option to provide my fingerprints to resolve any discrepancy or dispute.

This request is made in compliance with any applicable provincial or municipal public sector privacy legislation which allows a public body or municipality to disclose my personal information to me or my agent upon my request, and in particular in accordance with the *Nova Scotia Municipal Government Act* and the *Ontario Municipal Freedom of Information and Protection of Privacy Act*.

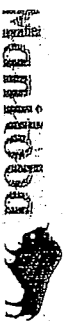
Statement of Understanding and Consent

Candidate Signature: Authorizing Name Based Criminal Record Verification

Date: (yyyy/mm/dd) ▼ / /

Hiring Manager's Signature: Witnessing the candidate's signature

Date: (yyyy/mm/dd) ▼ / /



Application for a Child Abuse Registry Check by Employers and Others

Application pursuant to Section 19.3(3.1) of *The Child and Family Services Act* for access to the Child Abuse Registry

Part 2 Information and Results

SECTION A — Access by EMPLOYERS AND OTHERS (to be completed by the Employer/Other)

A-1 Applicant's Mailing Label. Please print all information clearly.

| |
|--------------------------------------|
| Mr. William Wear, Executive Director |
| Camp Arnes |
| Box 40 |
| Arnes MB R0C 0C0 |

Contact Person _____

Telephone Number _____

Office / Program / School _____

A-2 Purpose of Registry Check: (Please check at least one of the following)

- To assess the Subject of this check:
- Whose work, whether paid or unpaid, involves or may involve the care, custody, control or charge of a child
- Whose work, whether paid or unpaid, permits or may permit access to a child
- Who, on behalf of an agency or the holder of a foster home licence, works directly with foster children for 10 or more hours per week and who may have unsupervised access to foster children [M.R. 18/99 s. 18(1)(e)]

A-3 Position: _____

Volunteer

Paid Staff

Other

Briefly describe position: _____

A-4 Applicant Authorization: ACCESS CODE: _____

Signature of Applicant staff who verified Subject's identification _____

Applicant's Signature (Executive Director or Supervisor) _____

NOTE: There is a non-refundable fee of \$10.00 per application. Please refer to Part 3 for fee payment details.

SECTION B — SUBJECT'S INFORMATION (to be completed by the person being checked) (PLEASE PRINT CLEARLY)

B-1 Name: _____ Surname _____ Given Name _____ Middle Name _____

Previous and Other Names: _____

a) Maiden Name: _____

b) Legal Name Change: _____

c) Also Known As: _____

d) Other Names Known by: _____

B-2 Birth Date: Month _____ Day _____ Year _____

B-3 Male Female

B-4 Current Address: _____ City: _____

Postal Code: _____ Telephone: (____) _____

B-5 Previous addresses for a minimum of 5 years: _____

B-6 IDENTIFICATION: I have chosen and presented two (2) pieces of identification that have been verified by the Applicant in A-4:

SIN No. _____ MHSC No. (6 digit) _____

Band and Status No. _____ Driver's Licence: _____

Passport or Birth Certificate No. _____ Other (please identify) _____

B-7 I hereby authorize the Director of Child and Family Services to search the Manitoba Child Abuse Registry to determine if my name is listed on the Registry. I hereby give my consent for the release of this information in writing to the applicant in A-1 for purposes identified in A-2 and Part 1.

★ Date: _____ ★ SUBJECT'S SIGNATURE: _____

SECTION C — MANITOBA CHILD ABUSE REGISTRY RESULTS (to be completed by the Director of Child and Family Services)

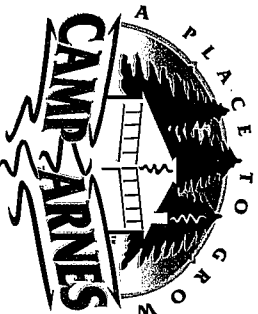
Office Use Only

This is to certify that as of the date indicated in this section, the subject:

IS NOT listed on the Manitoba Child Abuse Registry DATE: _____

IS LISTED on the Manitoba Child Abuse Registry Director of Child and Family Services or Designate _____

Note: The name of a young offender (under 18) may not appear on the CAR due to the non-disclosure provisions of *The Young Offenders Act* or *The Youth Criminal Justice Act*. The Applicant shall not use or disclose the personal (health) information provided by the Subject except for the purpose(s) stated in Part 1 and Part 2.



Box 40 • Arnes, Manitoba R0C 0C0
T. (204) 642.7618 • F. (204) 642.9437
E. arnes@camparnes.com

Christian Camping • Outdoor Education • Retreat Centre

Dear Camp Arnes Volunteer,

Thank you again for being apart of our energetic team of staff and volunteers; we look forward to working along side of you this summer.

Completing any application is no simple process; like everything these days there is paper work, paper work and more paper work. We have some tips and suggestions for you, as well as a check list to help ensure that you remember everything.

Winnipeg Residents

- BackCheck – consent for Disclosure of Personal Information
- Copy of two (2) pieces I.D.** (One piece must be a government issued photo I.D.)
 - Drivers License
 - Passport
 - SIN
 - Manitoba Health Card – only if you are the primary card holder**(YOUR name must be on the front of the card, NOT your spouse's.)**
- Child Abuse Registry – please complete form and Camp Arnes will submit this on your behalf. Please ensure you sign and date BOTH sides of form.

Rural Manitoba (Outside the city of Winnipeg)

- Please go to your local RCMP Detachment and ask to have a Criminal Record Check done for Camp Arnes. Please remember to take your photo ID with you. (There is a fee for this service; you may submit your receipt to Camp Arnes.)
- Child Abuse Registry – please complete form and Camp Arnes will submit this on your behalf.

Outside Manitoba, but still in Canada

- BackCheck – consent for Disclosure of Personal Information
- Copy of two (2) pieces I.D.** (One piece must be a government issued photo I.D.)
 - Drivers License
 - Passport
 - SIN
 - Manitoba Health Card – only if you are the primary card holder**(YOUR name must be on the front of the card, NOT your spouse's.)**
- Child Abuse Registry – please complete form and Camp Arnes will submit this on your behalf. Please ensure you sign and date BOTH sides of form.

When returning your application form, please remember to include your application, all completed and signed forms and good copies of your ID.

Remember your application is not considered complete until everything is received, so please try and send it all together. If you are volunteering as a camper parent please ensure that you send your completed application in WITH your child's registration form

Should you have any question or concerns, please contact Shauna Wear at 1-888-642-7618 or shauna@camparnes.com

See you this summer!

Shauna Wear
Volunteer Coordinator



Grow in grace and knowledge of our Lord and Saviour Jesus Christ. // Peter 3:18