



"DARE TO DREAM"

# CAMP KIRK

"Since 1993"

Dated: \_\_\_\_\_, 20\_\_

To Whom This May Concern:

\_\_\_\_\_ has applied for a summer position with our camp and has designated you as a character reference.

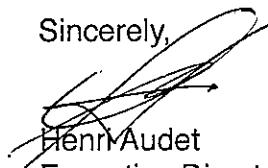
This applicant will be working in a residential camp setting with children ages 6 to 14 who have learning disabilities and/or Attention Deficit(Hyperactivity) Disorder. It is essential for this individual to have the ability to relate well to children and to his/her peers, to be compassionate and nurturing, to be a "team player", and that he/she be a desirable role model. The applicant must also possess a sound knowledge of basic camping skills and will be required to demonstrate leadership in various camp activities and overall camp programs.

Please complete the enclosed form to the best of your ability. Your frank and confidential opinion will be most helpful in allowing us to make an appropriate selection. We are particularly interested in your assessment of this candidate's **overall character, strengths, weaknesses** as well as an evaluation of his/her **past performance** if applicable. In order to insure fairness to everyone concerned, please indicate whether or not you have or plan to offer this person employment for this upcoming summer.

**Please note that we will not process this candidate's application until we have received all of the necessary forms. Therefore, we urge you to return your reference form directly to our office at your earliest convenience.**

We thank you for your kind assistance in providing us with this reference and please do not hesitate to contact us should you have any concerns relating to this applicant's candidacy.

Sincerely,



Henri Audet  
Executive Director

115 Howden Road, Toronto, Ontario M1R 3C7  
e-mail: [campkirk@campkirk.com](mailto:campkirk@campkirk.com)  
website: [www.campkirk.com](http://www.campkirk.com)  
CHARITABLE #13655-2643-RR0001

Tel: 416-782-3310  
Toll Free: 1-866-982-3310  
Fax: 416-782-3239  
Summer Tel: 705-438-1353





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## 2010 STAFF APPLICATION FORM

PLEASE PRINT

Name: \_\_\_\_\_  
FIRST NAME LAST NAME

S.I.N. \_\_\_\_\_

Current Address (School): \_\_\_\_\_ Tel: ( \_\_\_\_ ) \_\_\_\_\_  
\_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Address: \_\_\_\_\_ Tel: ( \_\_\_\_ ) \_\_\_\_\_  
\_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Current E-mail Address: \_\_\_\_\_

Position(s) for which you are applying, in order of preference:

1. \_\_\_\_\_
2. \_\_\_\_\_

### EDUCATION

Secondary School: Highest grade completed \_\_\_\_\_ What year? \_\_\_\_\_  
Type of certificate or diploma received: \_\_\_\_\_

Community College: Highest grade completed \_\_\_\_\_ What year? \_\_\_\_\_  
Type of certificate or diploma received: \_\_\_\_\_

University: Highest grade completed \_\_\_\_\_ What year? \_\_\_\_\_  
Major and Minor Subjects: \_\_\_\_\_  
Degrees, licenses or certificates received: \_\_\_\_\_

### EMPLOYMENT

Present Employer (if applicable): \_\_\_\_\_  
How long have you been employed there? \_\_\_\_\_  
Current position: \_\_\_\_\_  
Areas of responsibility: \_\_\_\_\_

*Please turn over for additional information.*

**PREVIOUS CAMPING EXPERIENCES (as staff and/or camper)**

Year: \_\_\_\_\_ Name of camp: \_\_\_\_\_ Position: \_\_\_\_\_

Year: \_\_\_\_\_ Name of camp: \_\_\_\_\_ Position: \_\_\_\_\_

Year: \_\_\_\_\_ Name of camp: \_\_\_\_\_ Position: \_\_\_\_\_

**ACTIVITIES**

Of all of the following activities, place a **(1)** beside the ones where you are **qualified to instruct**, a **(2)** beside the ones where you have a high degree of experience and a **(3)** beside the ones where you have the least experience:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Swimming          | <input type="checkbox"/> Canoeing      | <input type="checkbox"/> Canoe Tripping    |
| <input type="checkbox"/> Camping           | <input type="checkbox"/> Archery       | <input type="checkbox"/> Cooperative Games |
| <input type="checkbox"/> Ecology           | <input type="checkbox"/> Ropes Course  | <input type="checkbox"/> Climbing Wall     |
| <input type="checkbox"/> Basketball        | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Ceramics          |
| <input type="checkbox"/> Drama             | <input type="checkbox"/> Orienteering  | <input type="checkbox"/> Campfire Programs |
| <input type="checkbox"/> Sing-Song Leading | <input type="checkbox"/> Fishing       | <input type="checkbox"/> Martial Arts      |
| <input type="checkbox"/> Music             | <input type="checkbox"/> Carpentry     | <input type="checkbox"/> First Aid         |
| <input type="checkbox"/> C.P.R.            | <input type="checkbox"/> C.P.I.        | <input type="checkbox"/> Maintenance       |

Please list your **current and valid** swimming qualifications(s): **(Red Cross & R.L.S.S.)**

\_\_\_\_\_

With what age group would you prefer to work: \_\_\_\_\_

Why? \_\_\_\_\_

What work have you done involving children: \_\_\_\_\_

\_\_\_\_\_

What are your major strengths? \_\_\_\_\_

What are your weaknesses? \_\_\_\_\_

Have you ever worked with children who have learning disabilities? \_\_\_\_\_

\_\_\_\_\_

**WRITTEN REFERENCES**

Please distribute the enclosed two(2) reference forms to whomever you chose, **outside of family members**, as character references. Preferably, you should chose a former Camp Director, Supervisor, Principal or Teacher, Former Employer and/or someone who has known you well for some time. **Each form is to be returned directly to our office and your application can only be processed when we have both references in hand.**

**SUPPORTING DOCUMENTS**

In support of your application, please enclose photocopies of any document such as awards, certificates or official qualifications.

**PERSONAL INTERVIEW**

Please indicate what the best date(s) and times(s) would be for you to come to Toronto for a **mandatory** personal interview: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE 20 \_\_\_\_





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## 2010 STAFF REFERENCE FORM

PLEASE PRINT

Name of Applicant: \_\_\_\_\_  
FIRST NAME LAST NAME

How long have you know this applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_  
(AS EMPLOYER, TEACHER, SUPERVISOR, FRIEND ETC.)

### CHARACTERISTICS:

(Please note: Box "A" = Excellent, "B" = Average & "C" = Fair)

### COMMENTS:

Dependability	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
Responsibility	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
Emotional stability	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
Ability to work with others	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
Constructive Imagination	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
Accepts criticism	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
Enthusiastic & cheerful	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
Ability to take initiative	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
Ability to follow through	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
Ability to get along with peers	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
Leadership ability	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
Personal appearance	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
Judgement	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
Tact with others	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
Sense of humour	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
Loyalty	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
Integrity	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
General attitude	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____
Level of self esteem	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	_____

*Please turn over.*

Given the nature of the position applied for, what would you consider to be this applicant's strongest asset(s)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does he/she have a special talent? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you are or were a parent, would you be confident in having this person as your child's counsellor or instructor?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At this time, would you have any concern(s) with seeing this person hired for this **or** any position with our camp? (If so, please specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
REFEREE'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE 20 \_\_\_\_

Name: \_\_\_\_\_ Res: ( \_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ Bus: ( \_\_\_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Please return this form directly to:**  
Camp Kirk  
115 Howden Road  
Toronto, ON M1R 3C7

*On behalf of this applicant, we thank you for your cooperation in completing this form.*