PO Box 588
Harrison Hot Springs, BC
V0M 1K0
(250)253-3045
amasa@onehopecanada.ca

VOLUNTEER APPLICATION FORM

Name: _____Gender: ☐ Male ☐ Female

Address: _____City:_____

Province:_____Postal Code:_____Birthdate(YY/MM/DD):_____

Email: _____Home Phone:_____Cell Phone:_____

Emergency Contact: Cell Phone: _____

Dates Available from_____to _____
Exception to dates above are: _____

PHN:_____Issuing Province: _____

REFERENCES

I hereby provide the names and full addresses of my Pastor and two other adults(over 25 years old), who are not relati
I have informed my references that I have used their name and asked that they provide a quick response.

Name:_____ Address:_____

Phone:_____ Email:_____

Relationship:_____ _____

Name:_____ Address:_____

Phone:_____ Email:_____

Relationship:_____ _____

Name:_____ Address:_____

Phone:_____ Email:_____

Relationship:_____ _____

MEDICAL HISTORY

1. Do you suffer from a physical or emotional condition that would prevent you from fulfilling your duties at camp? ☐ Yes ☐ No If you answered yes, please explain:

2. Have you been treated for any medical condition in the past twelve months that would interfere with your duties at camp? ☐ Yes ☐ No If you answered yes, please explain:

3. Do you have any allergies? ☐ Yes ☐ No If you answered yes, please list your allergies and antidotes: I will bring an epipen to camp: ☐ Yes ☐ No

4. Do you have any dietary restrictions? ☐ Yes ☐ No If you answered yes, please explain, being very specific:

☐ I declare all this information to be accurate to the best of my knowledge. I hereby authorize One Hope Canada and Camp Amasa 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 Faith and Code of Conduct (available at www.onehopecanada.org/careers).

☐ I have been advised of the responsibilities of my position and understand that I am directly answerable to the Director. I further 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 One Hope Canada.

Date:_____ Signature:_____