



## U-Turn Ranch Staff Application

(Must be at least 15 by Dec. 31st 2020 or having completed our Leader In Development Program)

### PERSONAL INFORMATION

Full name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Age (as of Dec 31 2020): \_\_\_\_\_  
Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Social Insurance # \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Can we text this number Yes No  
Highest grade or level completed: \_\_\_\_\_ T-shirt Size (circle) Adult S Adult M Adult L Adult XL  
Other courses, workshops, training taken etc: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Home Phn: \_\_\_\_\_ Bus Phn: \_\_\_\_\_

### POSITION APPLYING FOR

Position(s) interested in this summer: Check Box  Paid  Volunteer Specific Role: \_\_\_\_\_

With training provided, are you willing to perform in other roles as needed: Yes: \_\_\_\_ No: \_\_\_\_

Please note: Paid positions are reserved for staff that are at U-Turn for majority of the summer.

If you volunteer we are able to sign off on 50 hours/week.

If you work for 4-6 weeks you will be given remuneration of \$125/week

If you work from 6-8 weeks, salary ranges from \$1500-2500 depending on experience and position.

Leadership roles, to be discussed.

Are you interested in an Overnight or Day camp Staff position? Please check the appropriate one.

Overnight is from Sunday 9:00 pm thru till Friday 6:00 pm \_\_\_\_

Day camp is Monday thru Friday 7:00 am till 5:30 PM \_\_\_\_

Would prefer day camp but can do overnight if needed \_\_\_\_

### PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE PAPER AND ATTACH.

1. Explain why you would like to work at U-Turn Ranch this summer.
2. In point form, list any skills or talents that you possess, which could be an asset in camp. eg. Swimming skills taken, good with younger/older kids, horseback riding experience, canoeing experience etc.
3. Please indicate your availability for summer 2019 by checking the "available" column next to the weeks that you are available to work. Please keep in mind that we do not guarantee position availability for your selections, as positions are assigned based on skill, experience and availability.

### **NEW STAFF to U-Turn Ranch – please answer the following as well**

1. In your own words, please describe what a Christian is. Are you a Christian? Share with us your faith story.
2. If you have previously worked at another camp please indicate which one, and their contact information. Also include the reason(s) for not returning to that camp.

### **RETURNING STAFF to U-Turn Ranch – please answer the following as well**

1. Please describe your relationship with Jesus and what He has done in your life this past year.



## Medical & Dietary Information

This information is not for hiring, but must be filled out in order to be on staff at U-Turn Ranch. If under 18, please have a parent fill out and sign off on this document.

Family Doctor: \_\_\_\_\_ Health Card #: \_\_\_\_\_  
(this is optional)

### **Meal restrictions/Allergies:**

Please list any food allergies the applicant has. This will allow us to communicate with you in regards to a food plan for your time here at U-Turn Ranch. We will supply you with a menu before summer starts so that any substitutions can be brought along.

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### **Current Medication: (if needed during their time at U-turn)**

Will you require medication to be distributed during your stay at U-Turn? If so, please bring all medication, including vitamins to be checked in with our Nurse or first aid attendant the first day you are here. For the safety of our campers, no medication or vitamins should be stored in staff trailers or wagons.

### **Over the Counter Drugs – During Camp:**

I \_\_\_\_\_ give permission for my child to be given the following by the Ranch staff if required. *Please check which can be given.*

Benadryl Allergy \_\_\_\_\_ Tylenol \_\_\_\_\_ Advil \_\_\_\_\_ Gravol \_\_\_\_\_

### **Immunizations:**

Are immunizations up to date including tetanus booster? Yes\_\_ No\_\_

### **Authorization for treatment:**

\*I hereby authorize the Ranch personnel to handle any First Aid or general sickness with my child during his/her stay at the Ranch. In the event that a Staff Member requires medical treatment beyond that which is possible at the Ranch or 911 services, every reasonable attempt will be made to notify the parent(s)/guardian as quickly as possible. Parent/guardian will be responsible for additional care expenses or transportation.

\*I will inform U-turn Ranch medical staff, if my child has had a communicable disease within the last month prior to his/her stay at the Ranch.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of staff member

\_\_\_\_\_  
Signature of parent / guardian if under 18