

# COUNSELLOR-IN-TRAINING - CAMP RANKIN 2007

Applicants must be 15 years of age or older to apply.

Date Received: \_\_\_\_\_

Please use another paper when answering questions, if necessary.

NAME: \_\_\_\_\_

ADDRESS/CIVIC ADDRESS/COUNTY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ HEALTH CARD #: \_\_\_\_\_

AGE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ SIN# \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ E-Mail: \_\_\_\_\_

MEDICAL HISTORY: Do you have any allergies or other medical problems? If so, explain.

\_\_\_\_\_

## 4-H BACKGROUND:

Have you been a 4-H member? \_\_\_\_\_ # of years? \_\_\_\_\_ Projects? \_\_\_\_\_

Name of your 4-H club and your county? \_\_\_\_\_

How are you presently involved with your club? How? \_\_\_\_\_

Have you been a CIT before? \_\_\_\_\_ If so when? \_\_\_\_\_

## CAMPING EXPERIENCE:

Have you attended Camp Rankin or another camp as a camper/ when?

Explain:

\_\_\_\_\_

\_\_\_\_\_

What personality traits do you possess that would be beneficial to you as a Camp Counsellor?

\_\_\_\_\_

\_\_\_\_\_

Do you have personal or professional experience in the following: Canoeing, Orienteering, Nature, Forestry, Wilderness Survival, Swimming, First-Aid, Outdoor Living, Recreation, Crafts, Music, Drama, Communications? If so, please state the areas and type of experience. If additional space is required, use another piece of paper.

\_\_\_\_\_

\_\_\_\_\_

Which week of camp do you wish to work? \_\_\_\_\_

\_\_\_\_\_

Why do you want to work during the summer as a counsellor-in-training at Camp Rankin?

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**COMMUNITY AND SCHOOL:**

What is the last grade or level you completed in school, university or other institution?

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What sports and organizations did you belong to in school?

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What community or church groups or activities do/did you belong to other than 4-H?

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Do you have a valid driver's license?     Yes                                 No

List two (2) references (other than relatives):

1.    Name: \_\_\_\_\_  
      Occupation: \_\_\_\_\_                                PHONE: \_\_\_\_\_
2.    Name: \_\_\_\_\_  
      Occupation: \_\_\_\_\_                                PHONE: \_\_\_\_\_

I hereby state that the above information is correct. I realize this position is volunteer.

\_\_\_\_\_  
**Signature of Applicant**

**ON OR BEFORE MARCH 15, 2007 - RETURN TO: Program Coordinator, 4-H and Rural Organizations, Nova Scotia Department of Agriculture, 157 College Road, P.O. Box 550, Truro, N.S. B2N 5E3 Fax: 893-2757**

The Nova Scotia 4-H Program protects your personal information by adhering to the Freedom of Information and Protection of Privacy Act and other legislative requirements with respect to your privacy. We use and we may share your personal information with 4-H program partners to provide program services, to administer program activities and services, to keep you informed about 4-H activities and services, for statistical and research purposes, to satisfy government and regulatory obligations and to contact you from time to time regarding 4-H program activities and services. We may share and release your personal information for program and services and for activity publicity which may include the release of your name, your photograph, the 4-H club, the community and the county that you are from.

By completing and signing this form you understand and are consenting to the use of and sharing of necessary information as described above.

For more information contact the 4-H Program by letter at 4-H Program, PO Box 550, Truro, NS, B2N 5E3.