SUMMER JOB APPLICATION - CAMP RANKIN 2007

Applicants must be 16 years of age or older to apply. Date Received: Seven counsellor positions are provided each year at 4-H Camp Rankin. They are 4-H Counsellor, Canoeing Counsellor, Nature Study Counsellor, Recreation Counsellor, Craft Counsellor, Drama and Arts Counsellor, and Water Safety Counsellor. * Note: Postings for Director, Assistant Director and Cook will be posted on Career Beacon. Please use another page to provide detail on any information on this application.						
NAME:						
CIVIC / MAILING ADDRESS/	COUNTY:					
POSTAL CODE:		E-MAIL:				
AGE:	PHONE NUMBER		HEALTH #:			
PARENT/GUARDIAN:			SIN#			
Do you have a valid driver's licen MEDICAL HISTORY: Do you						
4-H BACKGROUND:						
Have you been a 4-H member?	# of years:	P	rojects?			
Name of your 4-H Club and coun	ty:					
How are you presently involved v	vith your club?					
CAMPING EXPERIENCE:						
Have you attended Camp Rankin	or another camp as a	camper/ whe	n?			
Explain:						

What characteristics 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, Cooks Helper, 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.

Why do you want to work during the summer at Camp Rankin?

Which position	are you	applying	for?
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Water Safety Counsellor requires specific training. Do you have any life guard training?				
	•	Rankin? Camp Rankin before? If so, wl	If so when? nen and which position?	
CON	IMUNITY AND SCHOOL:			
Wha	t is the last grade or level you o	completed in school, university,	or other institution?	
Wha	t sports and organizations did	you belong to in school?		
Wha	t community or church groups	or activities did/do you belong	to other than 4-H?	
List	two(2) references (other than r	elatives):		
1.	Name:	·		
	Occupation:	PHONE:		
2.	Name:			
	Occupation:	PHONE:		
I her	reby state that the above inform	nation is correct.	Signature of Applicant	
Succ	essful applicants will be require	ed to narticinate in a screening	program as part of the conditions of	

Successful applicants will be required to participate in a screening program as part of the conditions of employment with the 4-H and Rural Organizations Section with the Nova Scotia Department of Agriculture.

ON OR BEFORE MARCH 15, 2007 - Return to: Program Coordinator, 4-H and Rural Organizations, 157 College Road, 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.