



# STAFF APPLICATION

**Northern Youth**  
P R O G R A M S

Submitting this form does not place you or us under any obligation. The information that you provide here will help us to become better acquainted with you and to work with you toward a possible worker's assignment.

Date of Application \_\_\_\_\_  
Name \_\_\_\_\_

Age \_\_\_\_\_

Please indicate the position(s) in which you have interest.

## BEAVER LAKE CAMP

### SUMMER

CAMP COUNSELLOR  
CAMP PASTOR  
COOK  
CRAFT TEACHER  
MAINTENANCE  
NURSE  
SECRETARY

### YEAR-ROUND

COOK  
HOUSEKEEPER  
MAINTENANCE  
NURSE  
PERSONAL WORKER  
SECRETARY  
OTHER: \_\_\_\_\_

## PERSONAL WORKERS' TRAINING CAMP

### SUMMER

PERSONAL WORKER

### YEAR-ROUND

PERSONAL WORKER

## SUPPORT MINISTRIES

### YEAR-ROUND

AUTO MECHANIC  
BOOKKEEPER  
GRAPHIC DESIGNER  
HOST AND HOSTESS  
IT

KITCHEN WORKER  
MAINTENANCE  
SCHOOL TEACHER  
SECRETARY  
OTHER: \_\_\_\_\_

**OTHER MINISTRIES** \_\_\_\_\_

**PERSONAL DATA**

1. Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_
2. Gender: Male Female
3. Mailing address \_\_\_\_\_  
Physical address (if different from above) \_\_\_\_\_  
City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal/ZIP Code \_\_\_\_\_
4. Contact Information:  
Home \_\_\_\_\_ Cell \_\_\_\_\_ Work/Fax \_\_\_\_\_  
Email \_\_\_\_\_ Social Networks \_\_\_\_\_
5. Birth Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_
6. Birthplace (City, Province/State) \_\_\_\_\_
7. Social Insurance # \_\_\_\_\_ Social Security # \_\_\_\_\_
8. Passport Info :  
Passport No. \_\_\_\_\_ Expiry Date \_\_\_\_\_ Issuing Country \_\_\_\_\_
9. Drivers Licence No. \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiry Date \_\_\_\_\_
10. Marital Status Single Courting Married: wedding date \_\_\_\_\_  
Widow(er): spouse's death date \_\_\_\_\_
11. Children moving with you (continue on separate page as necessary):  
Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

**FAMILY**

12. Parents' names \_\_\_\_\_  
Address \_\_\_\_\_  
Phone/Fax \_\_\_\_\_ Email \_\_\_\_\_  
Church \_\_\_\_\_
13. Are your parents in harmony with your desire and plans to serve with us? \_\_\_\_\_

**CHRISTIAN LIFE**

14. Name of Home Church \_\_\_\_\_  
Denomination \_\_\_\_\_ Conference \_\_\_\_\_
15. Church Address \_\_\_\_\_  
City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal/ZIP Code \_\_\_\_\_
16. Pastor's name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Email \_\_\_\_\_
17. Do you know Christ as your personal Saviour? \_\_\_\_\_
18. Have you been baptized? \_\_\_\_\_
19. Are you a church member? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

20. Briefly describe your spiritual journey.
21. How do you feel about the program, leadership, and discipline of your church?
22. List several doctrinal positions of your church that you feel are important to you and explain why you feel they are important.
23. What is your tolerance and/or cooperation with people who do not hold your exact beliefs?
24. How do you feel people should resolve differences and conflicts that arise?
25. Will you be willing to take advice or correction from administration and other mission staff as it relates to your work?
26. Will you be willing to give up any personal or social habits that might lessen your effectiveness in ministry?
27. Write about your present personal devotional and prayer life.
28. Have you ever led a person to Christ? If so, give details.
29. State your reasons for desiring to enter the Lord's work with us. State why you feel this is the Lord's will for you at this time.

**CIVIL AND MORAL HISTORY**

- 30. Have you had sexual activity outside of marriage? \_\_\_\_\_
- 31. Have you ever used pornography? \_\_\_\_\_ If so, when was the last time? \_\_\_\_\_
- 32. Have you ever been convicted of child abuse or a crime involving the actual or attempted sexual molestation of a minor?
  
- 33. Have you ever been arrested or charged with a criminal offence other than traffic violations? If yes, please explain.

Because the position for which you are applying will require you to provide care for children and vulnerable persons, we will complete criminal background checks to finalize your acceptance and to maintain your position with the organization upon employment.

I authorize Northern Youth Programs to use my personal information to complete background checks in Canada and my country of citizenship.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(This release is valid from the date of my signature to the length of my entire term of employment with Northern Youth Programs.)

**MEDICAL HISTORY** *(A medical examination will be required to confirm employment.)*

- 34. Current health condition: Fair Good Excellent
- 35. Do you have any physical weaknesses, allergies, disabilities, or recurring medical problems? If so, explain.
  
- 36. Have you suffered from any serious illness or accident? If so, explain.
  
- 37. Have you ever been treated for any mental or emotional condition? If so, explain.
  
- 38. Family physician's name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

**EXPERIENCE AND SKILLS**

- 39. To whom do you feel you best relate? Children Youth Adults
- 40. What do you do for recreation and what are your hobbies?
  
- 41. Are you aware of your spiritual gifts? If so, please list them.

42. What experience have you had in working with people of other nationalities?

43. Mark: I – area of interest E – area of experience T – area of formal training  
(Mark all three if applicable.)

- |   |  |
|---|--|
| <input type="checkbox"/> Academic Teacher           | <input type="checkbox"/> Lifeguarding                      |
| <input type="checkbox"/> Administration             | <input type="checkbox"/> Mechanic (Auto, Diesel, Airplane) |
| <input type="checkbox"/> Art                        | <input type="checkbox"/> Music (Voice/Instrument)          |
| <input type="checkbox"/> Bookkeeping                | <input type="checkbox"/> Music (Song Leading)              |
| <input type="checkbox"/> Cabinetry                  | <input type="checkbox"/> Nursing Degree _____              |
| <input type="checkbox"/> Canoeing                   | <input type="checkbox"/> Photography                       |
| <input type="checkbox"/> Carpentry                  | <input type="checkbox"/> Preaching/Public Spelaing         |
| <input type="checkbox"/> Childcare                  | <input type="checkbox"/> Recreation Leader                 |
| <input type="checkbox"/> Coaching Sports            | <input type="checkbox"/> Secretary                         |
| <input type="checkbox"/> Cooking                    | <input type="checkbox"/> Swimming                          |
| <input type="checkbox"/> Counselling (professional) | <input type="checkbox"/> Typing w.p.m. _____               |
| <input type="checkbox"/> Crafts                     | <input type="checkbox"/> Vacation Bible School             |
| <input type="checkbox"/> Electrical Work            | <input type="checkbox"/> Welding                           |
| <input type="checkbox"/> EMT/First Aid              | <input type="checkbox"/> Youth Work                        |
| <input type="checkbox"/> Equipment Operation        | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Graphic Design             |  |
| <input type="checkbox"/> Housekeeping               |  |
| <input type="checkbox"/> Information Technology     |  |

44. Have you been a camper at a camp? \_\_\_\_\_ If yes, how many years? \_\_\_\_\_

45. Have you served on staff at a camp? \_\_\_\_\_ If yes, how many years? \_\_\_\_\_

Camp name \_\_\_\_\_

Address \_\_\_\_\_

Job position \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

46. What do you feel campers should gain from their experience at Beaver Lake Camp?

47. How can you help this happen?

48. Participating in Aboriginal ministry might involve difficulties including the following: a) adjusting to new environments, b) managing on a limited income, c) living without modern conveniences, and d) working in an isolated community. Please state why you feel that you would be qualified to live and work under the conditions listed above.

49. What are your thoughts about working under Native leaders?

Please complete a résumé including the following information and return it with your application:

- Employment History (employer's name/address, job responsibilities, dates of employment)
- Ministry History (supervisor's name, location of ministry, ministry responsibilities)
- Education History (educational institution name/address, field of study, dates of attendance, level of certification achieved)

**REFERENCES**

50. Please give your parents, pastor, and employer the reference forms to fill out and return to us. We cannot complete your application without these forms returned.

If you wish to have someone else also provide a reference, please contact our office via the information below for a Personal Reference form.

**Long Term STAFF**

1. If applying for full time, when would you be available for service? \_\_\_\_\_
2. Are there any debts that you will not be able to liquidate prior to service?  
\_\_\_\_\_
3. Do you have financial responsibility for anyone else? \_\_\_\_\_
4. Will your congregation or other individuals contribute toward your financial support?  
\_\_\_\_\_

**SIGNATURE**

I understand that, as a Christian worker, I should:

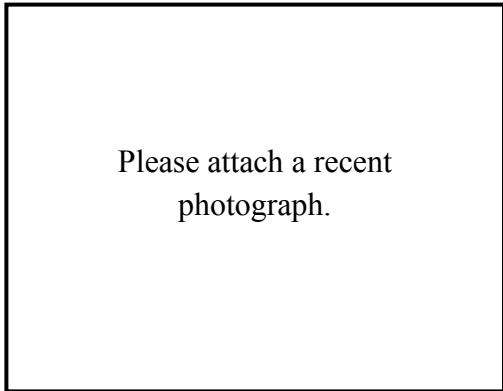
- Be a sincere child of God, consecrated, having assurance of salvation.
- Have a heart desiring to serve the spiritual and physical needs of fellow men.
- Be in command of community respect and able to receive recommendation from those who are best acquainted with me.
- Be willing to work faithfully at whatever task I am given.
- Be willing to sacrifice self-interests for the good of the work assigned to me.
- Be willing to work in Christian love and unity with other workers and to respect their viewpoints in the light of God and His Word.

I realize that to be accepted as a worker is to be entrusted with a sacred responsibility. In light of this and the above qualifications, I will, by the grace of God, subscribe to a life of:

- Christian purity
- Cooperation
- Daily devotions with my Saviour
- Willingness to serve at assigned tasks

Thus, I will be an asset to God, my church, my home, and my work.

Signature \_\_\_\_\_



If in Canada, return this application to:

Northern Youth Programs  
Attn: Human Resources  
Site 306 Box 1 RR 3, Dryden, ON P8N 3G2  
Fax: 1.807.937.5524  
Email: [personnel@nyp.ca](mailto:personnel@nyp.ca)

If in the US, return this application to:

Northern Youth Programs  
Attn: Human Resources  
PO Box 171 International Falls, MN 56649  
Fax: 1.807.937.5524  
Email: [personnel@nyp.ca](mailto:personnel@nyp.ca)