

BANBURY KIDS CAMP

120 Banbury Road
Don Mills, Ontario
M3B 2L3

STAFF APPLICATION

NAME: _____ Circle: M / F

ADDRESS: _____

City & Postal Code: _____

Phone #:(_____) _____ Cell #:(_____) _____

School Attending: _____ Grade: _____ Age: _____

Birthdate: ____/____/____ O.H.C. _____
 D M Y Ont. Health Card Number

e-mail address: _____

How did you find out about Banbury Kids Camp? _____

Do you have any special skills which would enhance our camp program? (Dance, Drama, etc.) _____

What experience do you have in working with children?

REFERENCES: Give the names of two people who were former employers or some other person who has had an opportunity to observe you in a working situation. If you have been a counselor at another camp, please include the names of the Director and Head Counselor.

NAME

POSITION

PHONE NO.

1. _____

2. _____

(Please email your completed application to Joe at teachermrgold@yahoo.com)