



## Application for Returning Support Staff

Applicants Name \_\_\_\_\_ Position \_\_\_\_\_

Occupation \_\_\_\_\_ Gender  M  F

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Next of Kin \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Dates Available – From \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Exceptions to dates above \_\_\_\_\_

I have been advised of the responsibilities of my position and understand that I am directly answerable to the Director. I further understand that, given the sensitive nature of working with and around children, and the expectation of society and regulatory bodies and insurers, CHC requires this application, and criminal record checks on file for “ALL” staff persons. **A copy of your current CRIMINAL RECORD check is required every 2 years. Please submit your criminal record check with your application form OR mail it separately as soon as possible as we cannot confirm your acceptance until it is received.**

### COMMITMENT AND PLEDGE

I have considered the matter prayerfully, and I am willing to be subject to the jurisdiction of Cypress Hills Camp while I am there. I choose to cooperate fully and to maximize every opportunity for personal spiritual growth. I understand that anyone demonstrating a poor attitude or a poor quality of service is subject to dismissal. I have read and agree with the CHC Doctrinal Statement.

**By signing below, I indicate that I have read and agree to abide by the CHC Code of Conduct.**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_