



L.E.A.D APPLICATION FORM

Please print this application, fill it out, scan it, and email it to info@riversedgencamp.org.
(version 2018)

Descriptions

Purpose

The goal of L.E.A.D. is to encourage the next generation to be passionate, competent equestrians of exemplary character and conduct who lead for Christ in their communities.

What Can I Expect?

L.E.A.D Three weeks of hard work, amazing adventures, new skills, and personal challenges kick off a year long journey to discover how you can use something you love to do to reach your community for Christ. You'll study the character of God, try multiple equestrian disciplines, discuss building relationships with both horses and humans, and record how God is changing you in a personal journal. Throughout your three weeks at camp you will have opportunities to serve others, including being a junior cabin leader during Junior Horsemanship Camp. There will be a Fun Show on the last day to show off some of the new skills you've learned, and you'll be sent home with a mission: join an equestrian group in your community and start using horses to build relationships with the goal of sharing God's love. It isn't an easy path; you'll be sore, tired, sweaty and perpetually smelling like a horse. But all those things can bring God glory and change your life in ways you can't imagine.

Personal Information

Please print on line above requested information

	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Full Name	Gender	
Address		
City	Province	Postal Code
Social Insurance Number	Citizenship	Driver's License # (if available)
E-mail	Cell Phone #	Alternate Phone #
Best way to contact	<input type="checkbox"/> E-Mail <input type="checkbox"/> Cell Phone (call) <input type="checkbox"/> Cell Phone (text) <input type="checkbox"/> Home Phone	
Birth Date (eg. Jan 1, 1990)	Age as of June 30, 2015	

Parent /Guardian Information

Please print on line above requested information

Parents/Guardians Name	Parents/Guardians E-mail
Parents/Guardians Cell Phone #	Parents/Guardians Alternate Phone #
Emergency Contacts Name	Emergency Contacts E-mail
Emergency Contacts Cell Phone #	Emergency Contacts Alternate Phone #

Experience

Please feel free to use separate sheets for more information

Education Experience

(including name of last school attended, dates, grade/degree completed)

Work Experience

(including positions held, dates, and duration)

Leadership/Teaching Experience

(formal leadership training, school, children's club, sports, arts, etc.)

Ministry Experience

(short term mission, camps, Sunday school, youth groups, church)

Tell us about yourself

Equine Accreditation

(CHA, AEF)

How many time have you ridden a horse? (circle)

1 to 5

5 to 10

Ride on a Regular basis

What kind of riding was it? (circle)

Western

English

Jumping

Dressage

Eventing

Racing

What other horse experience do you have?

Have you ever taken lessons or been to any other riding camps?

How comfortable are you around horses?

please explain

Have you ever fallen or come off of a horse? (circle)

Yes

No

If Yes, how did it change your feelings about horses? Was it long before you got back on a horse?

What do you think will be your greatest challenge while you are a L.E.A.D student?

What are areas you need to grow relating to horses?

(please be honest with yourself)

Tell us what you love most about horses?

Tell us two things that you would like to learn about horses when you are a L.E.A.D student?

Why do you want to attend L.E.A.D?

1+ Principle

The following information will assist us in knowing your interest level and skill in common Rivers Edge tasks/activities. During your time at Rivers Edge you may be asked to perform tasks outside of those listed as your preferred skills. At Rivers Edge we ask our Staff to be flexible and to work within the 1+ principle.

The 1+ Principle: Teamwork is a vital part of any camping program. Although all staff have a primary role at Rivers Edge Camp, when help is needed they will be required to assist in multiple areas of the camp. This means we all agree to remain flexible and provide assistance in more than one area of the camping ministry.

I understand the 1+ principle and am excited to work at Rivers Edge wherever I am most needed!

Skills/Interests

Knowledge of your skills helps us utilize your talents at camp

Please mark the following camp program components as noted:

	Have accreditation in area	Interested and capable of teaching	Interested but need training	Capable but not interested	Please don't put me there!!
Admin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BMX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Café/Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceramics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama/Skits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Services/Hospitality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid/CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Ropes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horses/Equine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paracord Bracelets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photography/Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riflery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sling Shots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming/Lifeguarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survival/Outdoor Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tie Dye T Shirts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video Editing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wide-Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What instruments do you play? _____

Other information about your skills: _____

Confidential Self Evaluation and Personality

Please check the box that best applies to you.

	Excellent	Good	Average	Poor
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spiritual Experience

Describe your relationship with Christ at this point in your journey.

Briefly state what being a Christian means to you.

What steps are you currently taking to grow in your spiritual walk?

Anything else you feel we should know about you?

Church Background

Please print on line above requested information

Name of Church you attend

City

How often do you attend (include types of events you attend)?

Pastor/Youth Leader

Pastor's Phone (with area code)

Pastor's E-mail

Pastor's Alternate Phone (with area code)

References

1. Pastor/Mentor/Friend/Youth Leader

This person needs to be able to speak to your spiritual maturity. (Please include name and phone #)

Name: _____

Phone Number: _____

Relationship: _____

E-mail: _____

2. Employer/Teacher/Supervisor

Name: _____

Phone Number: _____

Relationship: _____

E-mail: _____

3. Employer/Teacher/Supervisor

Name: _____

Phone Number: _____

Relationship: _____

E-mail: _____

Declaration

- I hereby allow Rivers Edge Camping Association to keep my information on a mailing list used solely for the use of communicating information with myself and other staff members.
- I also allow Rivers Edge Camping Association to use any photos of me taken during my time at camp for advertisement purposes.
- I hereby declare that the information provided in this document is true to the best of my knowledge, and any false statement automatically voids this application and is reason for dismissal as a L.E.A.D applicant.

Date

Signature

Date

Parent/Guardian Signature (if under 18)

A "Vulnerable Sector (VS) Check" is needed for each applicant before finalization of employment.

A VS check is designed to protect vulnerable Canadians from dangerous offenders by uncovering the existence of a criminal record and/or a pardoned sexual offence conviction and is needed as part of an overall employment or volunteer screening process. The results of the check can help to determine whether an individual is suitable to work in positions where they will be in close contact with vulnerable people.

Before working at Rivers Edge you will need to get a Vulnerable Sector Check from your local police station. Depending on which district you reside there may be applicable fees.

This form needs to be submitted to the camp before finalization of employment.

Thank you for applying at Rivers Edge Camp. **Please send completed application to:**

Rivers Edge Camp
Box 39
Cremona, AB T0M 0R0
Phone: (403) 637-2766
Fax: (403) 637-2765
E-mail: info@riversedgecamp.org
