

APPLICATION FORM



JOB INFORMATION		FOR OFFICE USE ONLY
Position	Location	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> DENIED DATE HIRED <input style="width: 150px; height: 25px;" type="text"/>
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Camp Hope (Warden & St. Clair)	
<input type="checkbox"/> Streetleader	<input type="checkbox"/> Camp Freedom (Jane & Finch)	
<input type="checkbox"/> Summer staff	<input type="checkbox"/> Camp Victory (Kipling & Finch)	
<input type="checkbox"/> Placement student	<input type="checkbox"/> I can work at any site	
<input type="checkbox"/> Full-time staff		

PERSONAL INFORMATION					
Last Name		First Name			M.I
Street Address			Apart/Unit	City	Postal Code
Home Phone		Cell Phone		Email	
S.I.N		Date of birth		Church name (if applicable)	
Current School		Grade level			

EMPLOYMENT HISTORY		
Date	Employer	Job title

REFERENCES			
Full Name	Relationship	Phone	Email

AVAILABILITY	
What days and hours are you available?	What age group would you like to work with?
<input type="checkbox"/> Monday Hrs.	<input type="checkbox"/> Children (ages 5-10) <input type="checkbox"/> Youth (ages 11-14) <input type="checkbox"/> Mothers
<input type="checkbox"/> Tuesday Hrs.	
<input type="checkbox"/> Wednesday Hrs	
<input type="checkbox"/> Thursday Hrs.	
<input type="checkbox"/> Friday Hrs.	
<input type="checkbox"/> Weekends	

APPLICATION FORM



ADDITIONAL INFORMATION

Please check all experience/qualifications you possess:

- | | |
|--|--|
| <input type="checkbox"/> Child/youth work | <input type="checkbox"/> Community development |
| <input type="checkbox"/> Christian ministry | <input type="checkbox"/> First Aid/CPR |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Camp/club experience |
| <input type="checkbox"/> Working with non-profit organizations | <input type="checkbox"/> Musical abilities |
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Sports |
| | <input type="checkbox"/> OTHER _____ |

Please provide a brief narrative of your spiritual life story (if applicable):

Describe any experience you have in working with a team:

Describe your strengths/skills/talents that are applicable to the job:

Describe any weaknesses:

Describe briefly what you know about urban ministry:

APPLICATION FORM



MEDICAL / HEALTH

At UrbanPromise Toronto, providing a safe environment for our children and youth is paramount. As such, we endeavour to be as forthcoming as possible with the stresses a staff person can expect to experience in our environment. We also ask that applicants are upfront with UrbanPromise Toronto about past or current struggles and/or medical conditions. Where appropriate, this section of the application may also be reviewed by our Director of Counseling. Please be aware that, in some circumstances, further documentation may be required. Anything not disclosed can be grounds for dismissal.

Information provided in the following section is kept in strict confidence.

Do you have a history or past incidents of:			
a. Emotional difficulties			
b. Medical/physical conditions			
Please check off any of the following conditions or experiences that have occurred or that you suspect may be true for you (even if it has not been medically diagnosed)			
Condition/experience	YES	NO	If yes please provide more information
Depression			
Eating Disorder (e.g Anorexia, Bulimia etc)			
Anxiety			
Chronic Fatigue			
Allergies			
ADD/ADHD			
ODD			
Self Injury (e.g Cutting)			
Anger Management			
Abuse: Physical, Emotional, Sexual			
Are you currently on any medication YES/NO (Please list with reason for use)			

I certify that all answers provided in this form and during the interview are true and complete. I understand that providing false or misleading information, or the omitting of information, may be grounds for rejecting my application or, if hired, may result in dismissal.

Signature: _____ Date: _____