



2012 Camp Stephens Leadership Development Program Application Form

Date Applying for: July 2 - July 27 1st Preference 2nd Preference
 July 30 - Aug 24 1st Preference 2nd Preference

Name: _____ Female: Male:

Date of Birth: Y_____/M_____/D_____ Age at Camp: _____ Grade: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home/Cell Phone: _____ Email Address: _____

Please answer the following questions in as much detail as possible. (Add a separate sheet of paper if needed)

1. Describe your leadership & camping experiences.

2. Identify your volunteer Work experience.

3. Why do you want to participate in LDP and what do you hope to gain from this experience?

4. Talk about one person in your life who has been a positive role model and why.

5. What makes a good cabin counsellor?

6. What are the seven core values of the YMCA-YWCA of Winnipeg and how do they relate to leadership?

7. Please list any special skills, interest, or certification you may have. Eg. Swimming, first aid, music, canoeing, drama, arts & crafts, climbing, etc. Please include photocopies of certifications.

8. References - please give the names of two persons (not relatives or friends) who could give a character reference of you. Have your references fill out a reference form to send to the Y separately from your application.

Name _____

Job Title/Occupation _____

Home Phone: _____ Business Phone: _____

Name _____

Job Title/Occupation _____

Home Phone: _____ Business Phone: _____

PLEASE RETURN TO:

**YMCA-YWCA Camp Stephens
3550 Portage Avenue
Winnipeg, MB, R3K 0Z8**

Ph: 204.889.8642 ext. 230, Fax: 204.889.9002, Email: campstephens@ymcaywca.mb.ca

***** APPLICATIONS ARE DUE BY JANUARY 25, 2012 *****

Once you have been accepted in the program you will be sent a registration package.

Privacy Statement

The Young Men's and Young Women's Christian Association of Winnipeg (the YMCA-YWCA) respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up to date on the activities of the YMCA-YWCA, including programs, services, special events, funding needs, opportunities to volunteer or to give, open houses and more through periodic contacts. If at any time you wish to be removed from any of these contacts simply contact us by phone at 204.889.8052 or via e-mail at privacy@ymcaywca.mb.ca, and we will gladly accommodate your request.





Camp Stephens LDP Reference Form

LDP Applicant's Name: _____

Qualities	Superior	Above Average	Average	Below Average	Poor
Boundaries: Ability to maintain professional and personal boundaries.					
Caring: Ability to put others' needs first. To feel concern for others and oneself.					
Collaboration: A supportive team member who can work with others toward a common goal. Does not compete with team members.					
Composure: Ability to stay calm under pressure and work through stressful situations.					
Confidentiality: Ability to keep confidential information private and avoid gossip.					
Effort: Committed to putting forth maximum effort towards all tasks.					
Energetic: Ability to sustain a high level of energy through challenging times.					
Flexibility: The ability to alter plans when necessary and adjust quickly to new situations					
Initiative: Recognizes when something needs to be done and acts to get the job done.					
Integrity: Ability to conduct oneself according to a sense of what is right and wrong.					
Leadership: Ability to be a positive and effective leader.					
Patience: Ability to wait calmly for someone or something, does not get aggravated or annoyed easily.					
Positive Attitude: Ability to stay positive through difficult situations, does not complain, shares positive attitude with others.					
Problem-Solving: Seeks solutions to problems, uses good judgment and is reflective.					
Professionalism: reflected in language, dress, and relationships with others.					
Responsibility: Accountable for actions, responds appropriately to situations, trustworthy to look after children.					

Additional Comments: (You may write on the back of this page if needed.)

Your Name: _____ Job Title/Occupation: _____

Phone: _____ Best Time to contact: _____

How long have you known the applicant? _____ In what capacity? _____

Would you feel comfortable with this person caring for your child? _____

Recommendation (Please Circle One): Yes, I Recommend With Reservation No, I Cannot Recommend

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