



National Summer Camps Programme

Division of Youth Affairs

Ministry of Youth, Sports and Community Empowerment

YDP@barbados.gov.bb

NSCP2022

Camp Assistant Application Form

2022

Note to Applicants VOLUNTEERING for the 2022 National Summer Camps Programme:

The information required on this application form is necessary to determine your suitability for the position for which you are applying. You are not legally required to supply any of the data requested on the application. However, if information is withheld, your application will be deemed incomplete and therefore will not be processed for the National Camps Programme.

Please review your application to ensure that you have completed all sections that apply to you. Remember to read all instructions and notes carefully before completing and signing the application form. **Please note all COVID-19 protocols must be administered and adhered to. See pamphlet.**

Applicants are required to submit:

A photocopy of your National Registration card attached to this application.

PLEASE PRINT YOUR RESPONSES

Give Back Volunteer: Yes No (If yes state institution & area of study)

Barbados YouthADVANCE Corps Volunteer: Yes No

1. PERSONAL INFORMATION

Name in Full: _____

Address: _____

Tel Nos: (H) -- (W) -- (C) --

Email Address: _____

Date of Birth: -- Age: _____ Sex: Male Female

National Registration Number: - N.I.S #:

Occupation: _____

Address: _____

Next of Kin: _____ Contact number: _____

Email Address: _____

2. HEALTH INFORMATION:

Do you have any of the following? (Please tick the ones which apply)

a.

Allergies

Epilepsy

Sinusitis

Asthma

Heart Disease

Diabetes

High Blood Pressure

Anemia

Hearing Difficulties

Physical Limitations

Visual Limitations

Other (specify)

b. Are you currently taking any medication?

Yes No

Please indicate the medication you are taking: _____

Are you allergic to any medication? Please indicate: _____

3. CAMP EXPERIENCE

DATES	CAMP	LOCATION	CAMPER OR STAFF

4. EMPLOYMENT EXPERIENCE: *Provide a full record of last three places of employment (paid and voluntary)*

DATES	EMPLOYER/SUPERVISOR	ADDRESS & PHONE #	NATURE OF WORK

5. REFERENCES

Give the names and addresses of three persons (not relatives) having knowledge of your character, experience, skills, work ethics and abilities.

NAME	ADDRESS	TELEPHONE #

6. ORGANISATIONAL MEMBERSHIP:
(List the name of any organization(s) you belong to and the position held)

NAME OF ORGANISATION	LOCATION	POSITION HELD	YEAR/PERIOD

7. EDUCATIONAL HISTORY

(If you are a student, please state the name of the educational institution you currently attend. If you are not presently enrolled in any educational programme, please state the last institution attended and the year of completion.)

School/Institution Attended	Course/Subjects Taken	Certification (CXC, Diploma, Certificate)	Year

8. CERTIFICATIONS AND SKILLS:

Using the following list, please identify those items in which you have experience/skills/certification:

- Mark with a “C” those for which you hold current certification.
- Mark a ‘T’ for those you can organize and teach.
- Mark ‘A’ for those activities you can assist in.

Business/administration

- Book-keeping/accounts
- Computer skills
- Budgeting & Finance
- Programme/project planning

Health/safety

- CPR
- First Aid
- Nursing
- Physical Ed.
- Health Certificate

Food service

- Cake & Pastry
- Natural Foods & Drinks
- Menu Preparation
- Nutrition

Arts/crafts

- Ceramics/pottery
- Drawing/painting
- Leather craft
- Jewellery making

Creative Arts

- Dance
- Drama
- Singing

Nature

- Environment
- Recycling
- Decorative craft

Sport

- Basketball
- Football
- Martial arts
- Netball
- Volleyball
- Cricket
- Road tennis

Adventure/Challenge

- Nature walks
- Hikes
- Orienteering

Miscellaneous

- Leadership
- Team building
- Communication
- Public speaking

9. What contributions do you think you can make at camp?

10. What contributions do you think a well-run camp can make to children?

11. What personal goals do you hope to accomplish from this type of voluntary work?

12. Do you have any concerns of being responsible for children at least 7 hours a day?

Yes No

If yes, how?

If no, why not?

DECLARATION

I hereby certify that all information provided on this application form is true and completed to the best of my knowledge. I fully understand that any false, misleading statements or omitting requested information, might result in the rejection of my application and dismissal from the position if discovered after my recruitment. Should the Ministry of Youth, Sports and Community Empowerment desire, I authorize them to verify this information to determine my suitability for recruitment to the voluntary position for which I am applying.

.....
Signature

.....
Date

FOR OFFICIAL USE ONLY:

APPROVED Not Approved Date: _____

Assigned to: _____ Age Group: _____

SPECIAL ASSIGNMENT: _____

COMMENTS: _____
