



COUNSELOR APPLICATION

NAME IN FULL: _____ Male Female

I.D Number: _____ AGE: _____

CURRENT OCCUPATION: _____ TEL: (H) _____

AVAILABILITY: _____ TEL: (W) _____

OTHER COMMITMENTS: _____ (CELL) _____

E-mail: _____ TOWN OF RESIDENCE: _____

HIGHEST LEVEL REACHED: _____ INSTITUTION NAME: _____

DATES OF ATTENDANCE: From _____ to _____

ENGLISH LANGUAGE ABILITY:

First Language 2nd Language (Fluent & Comprehensive) 2nd Language (Basic Understanding)

SWIMMING ABILITY:

DO NOT SWIM BEGINNER INTERMEDIATE ADVANCED

CERTIFICATIONS/QUALIFICATIONS

SPA LIFEGUARD FRESH WATER LIFEGUARD _____ HIGH/LOW ROPES
 FIRST AID/CPR _____ OTHER _____

PREVIOUS EXPERIENCE WORKING WITH CHILDREN:

- 1. _____ Organisation Name
Brief Description of Work
Dates Worked
Reference Name
Contact Details
- 2. _____ Organisation Name
Brief Description of Work
Dates Worked
Reference Name
Contact Details

Please include any references you have to support the above.

Tick the age groups you have had experience with 7-9 yrs 10-12 yrs 13-15yrs 16-18 yrs

Please tell us a little about what you feel you would gain from being part of the Sugar Bay team and what you can offer Sugar Bay as a counselor. (Use a separate sheet of paper if you need more space)

HAVE YOU EVER BEEN ARRESTED? YES NO
HAVE YOU EVER BEEN CHARGED WITH SEXUAL ABUSE OR ASSAULT?
ARE YOU CURRENTLY UNDER CRIMINAL INVESTIGATION?

I declare that the information provided by me is completed and correct and that I have read and understood this enrolment form and agree to the terms stated on the counselor agreement form (page2).

Signature _____ Date _____

COUNSELOR AGREEMENT

- 1. Counsellors may, under no circumstances, hit a child.**
- 2. Counsellors may not use abusive or derogatory language with/ to campers**
- 3. The use of tobacco is strongly discouraged, Smoking will be limited to one designated area, which is Isolated from campers. Smoking is prohibited in any other area of camp or on any camp related activity**
- 4. Use of Alcohol or Drugs on Sugar Bay Property is Prohibited, any persons violating this rule will be dismissed from their duties immediately.**
- 5. As an employee of Sugar Bay I will agree to participate in random Drug and Alcohol tests.**
- 6. Romantic lives of Counsellors can in no way, under no circumstances be shared with campers.**
- 7. As a Sugar Bay counsellors I agree to report any suspected child sexual abuse and child physical abuse.**
- 8. I agree to report to Sugar Bay Director's or senior personnel danger or "at risk" situations between campers and staff.**
- 9. All Employees of Sugar Bay will have to acquire a Criminal background check to be handed to the Sugar Bay Directors.**
- 10. Sugar Bay has the right to use any photographs of counsellors for promotional purposes.**
- 11. Sugar Bay will provide every reasonable safeguard for the health and welfare of each employee, but will not be responsible for health and accident insurance or loss or damage of personal articles.**
- 12. The signing person indemnifies Sugar Bay and its directors, employees, agents and successors, from all claims, actions and proceedings brought by the non-signing person for any act or omission affecting the participant, and shall defend all such matters and pay any compromise or judgment resulting there-from.**
- 13. Any dispute arising between the parties shall be settled in South Africa under South African law. This contract shall not be construed for or against a party because that party wrote it.**
- 14. The signing person acknowledges and understands the nature of Sugar Bay's programmes and accepts there are infrequent but inherent risks associated in such activities and accepts this risk as part of their participation.**
- 15. My First duty as a Sugar Bay Counsellor shall be to see that campers in my group or area of responsibility have the maximum experience in a healthy, fun and safe environment.**

Please note: This page (pg2) does NOT need to be sent back to us.



NAME IN FULL: _____ EMAIL ADDRESS: _____

THREE MAIN ACTIVITIES THAT YOU HAVE HAD EXPERIENCE IN OR GAINED QUALIFICATIONS AND WOULD BE WILLING TO INSTRUCT AT CAMP

[Empty box for activity 1]

[Empty box for activity 2]

[Empty box for activity 3]

1. Describe your most recent & relevant experience, you have had with children. Your responsibilities, your hours, their age group etc. _____

2. What interests you about working at Sugar Bay? _____

3. What are your strongest qualities? _____

4. What personal characteristics would you like to improve on? _____

5. Describe a leadership position you have held? _____

6. Do you prefer to work in a group or alone? Why? _____

7. Camp life is often very structured with long working hours, sleepless nights, hard work, no alcohol, no smoking, and curfews. How will you adapt to following strict rules? _____

8. Why should we chose YOU? _____

WORK REFERENCES:

COMPANY NAME	CONTACT PERSON (Postion held)	TEL
_____	_____	_____
_____	_____	_____

NAME OF MEDICAL AID: _____ TYPE: _____

MEDICAL AID NUMBER: _____ MAIN MEMBER'S POSTAL ADDRESS: _____

MAIN MEMBER'S NAME: _____

MEMBER'S ID NUMBER: _____

IN THE CASE OF AN EMERGENCY - CONTACT PERSON: _____

RELATIONSHIP _____ (H) _____ (CELL) _____

MEDICAL INFORMATION:

If you answer yes to any of the below questions, please give full details.

- | | NO | YES | |
|---|--------------------------|--------------------------|-------|
| 1. Do you suffer from Asthma or Allergies? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Are you allergic to any drugs (e.g. Penicillin)? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Have you been vaccinated for Tetanus in the past five years? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Have you ever suffered a nervous breakdown? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Have you ever undergone psychiatric treatment? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Have you ever suffered from an eating disorder? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. Do you suffer from any physical disabilities? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8. Are you currently taking any medication? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Please supply full details of any conditions you may be suffering from (e.g. Epilepsy, etc.)

Please state any specific dietary requirements you may have? _____

RESIDENTIAL ADDRESS: _____ POSTAL ADDRESS: _____

BANKING DETAILS (So we have your details for later)

Name: _____ Branch: _____ Branch Code: _____
 Bank: _____ Account Number: _____

**PLEASE NOTE: You are required to obtain a Police Clearance check and hand the original copy
 With in 2 weeks of acceptance as a Sugar Bay counselor to a Sugar Bay staff member.**

I declare that the information provided by me is completed and correct and that I have read and understood this enrolment form.

Signature _____ Date _____

NB: PLEASE FAX THESE FORMS BACK TO US ON 0324853098.