

The Salvation Army Bermuda Region Bermuda Camping Ministry Staff Application Package

| First Name: | | Last Name: |
|-----------------------|---------------|------------|
| Birthdate: | _(yyyy/mm/dd) | Age: |
| Country of Residence: | | |

Thank you for your interest in The Salvation Army Bermuda Region Camping Ministry. Below you will find a list of documents that form your application package.

Please return the following documents as part of your application package:

- 1. Bermuda Camping Ministry Staff Application (provided)
- 2. Current Resume
- 3. Any certifications deemed relevant (i.e. first aid, SCARS, etc.)
- 4. Statement of Application for Working with Children (Salvation Army internal provided)
- 5. Character Reference from a pastor, employer, teacher
- 6. Character Reference from a colleague or friend (over 18 years old)

Application due: April 10, 2025

Please send all applications to Major Wendy at

Wendy.crabb@salvationarmy.bm



The Salvation Army Bermuda Region Bermuda Camping Ministry Staff Application 2025

| Fir | rst Name: | _ Last N | ame: | | | |
|-----|---|---|----------------------------|--|--|--|
| Biı | rthdate:(yyyy/mm/dd) | Age: | Age: | | | |
| Cc | ountry of Residence: | | - | | | |
| 1. | Why do you want to work with the Bermuda C | to work with the Bermuda Camping Ministry team? | | | | |
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| 2. | Do you have experience working in a camping capacity? | { environment? | PIf yes, where and in what | | | |
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| 3. | What is your experience with The Salvation Ar | rmy? | | | | |
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| Do you have any of the following training? a. SCARS (if so – what year) b. Lifeguarding (if yes – what year) c. First Aid (if yes – what year) d. Driver's License | | | | |
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| the team? | | | | |
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