



## ***B.O.L.T. Application Form***

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**The BOLT program is for 15 year olds who are:**

- ✓ Teachable
- ✓ Open to new experiences
- ✓ Wanting to lead at Oneida
- ✓ Hard working
- ✓ Love Jesus

**When is it?** The first week (your learning week) will be during Jr High (July 3 – 9)

**Note:** if we fill up the first week we will open a second week during Co Ed 2 (July 17 – 23)

Your second week will be during one of the other camps where you can be a Jr. Leader.

**What will it include?**

- Intensive daily bible study
- Projects and readings to do with leadership
- Exploration of Oneida leadership

**What will it cost?** One week of camp (so really you're getting two for the price of one)

*Welcome!*

*I am so glad you taken the time to download this application package. The BOLT program is a very exciting opportunity for you to develop leadership skills and have a great time. However, remember, this is not just going to be "another two weeks at camp" during this time you are going to be challenged to stretch and grow. There will be times that it is not going to be easy, but it will be worth it.*

Downloading this package is the beginning of the application process; you will need to follow the steps below to complete the process:

1. Fill out your application form and health form in your neatest handwriting. The short answer portion is to be completed on a separate piece of paper. You may type this section if you'd like.
2. Find two adults who know you well enough to fill out your reference forms.

Notice that the forms are slightly different.

The **Character Reference** is to be completed by a teacher, employer, or other adult friend.

The **Spiritual Reference** is to be completed by a Church Youth Worker or Church Minister. (neither reference should be family – if this presents a problem please write and ask me for an alternative)

Tell both people that they should complete their forms and return them to you in a sealed envelope, with their signature across the seal.

3. Once your reference forms have been returned to you by your referees, leave them in their sealed envelopes. **Do not open your reference forms.** Then send your entire application to:

**Andi Ovenden  
19 Marina Point Cres  
Stoney Creek, ON  
L8E 0E4**

4. Deadline for applying is: **June 22, 2011**
5. Once your package is received you will be contacted by phone or email to indicate that I have received your package and will confirm which two weeks you will be coming to camp for. I will then send you a small package in the mail to give you more details of what to bring and how to prepare for your time in BOLT.

If you have any questions, comments or concerns please feel free to contact Andi Ovenden at 905-930-8044 or [bolt@camponeida.com](mailto:bolt@camponeida.com)



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Name: \_\_\_\_\_ Gender  M  F

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Provenance: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Please indicate what your first second and third choice is for your second week at camp: (Every effort will be made to give you your first choice)

— The Arts/Extreme – July 10 - 16

— Co Ed 4 – Aug 14 - 20

— Squirt – July 31 – Aug 3

— Co Ed 5 – Aug 28 - 31

Answer all of the following questions on separate paper in short paragraphs:

1. Why do you want to be involved in Oneida's B.O.L.T. program?
2. Who is Jesus? What does he mean to you?
3. How did you become a Christian?
4. What do you do to grow as a Christian?
5. What is your greatest strength? How has this helped you in the past?
6. What do you find most challenging? How have you been able to overcome this?
7. What activities are you involved in outside of school?

I the applicant understand I will be required:

- To participate in all areas of camp development: including but not limited to kitchen work, maintenance, games and building relationships with campers.
- To participate in all bible studies and do projects as assigned
- To engage myself by all camp rules in order to be a good example for campers
- To at no time conduct illegal activities that would cause people to question my character.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I the parent/guardian of the applicant agree that:

- My child has no emotional, physical or psychological ailments that would determent the applicant's activity in any part of the program. I will ensure that the applicant will be at camp on time for the beginning of the program and will pick them up in the end.
- Camp Oneida is responsible for the well being of my child and I give permission for them to engage in all camp related activities.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BOLT HEALTH FORM

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ (yyyy/mm/dd)

Parent/Guardian's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Heath Card Number: \_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

Medications Required while at Camp:

Medication	Dose	Frequency

Allergies: \_\_\_\_\_

Does your child carry an epi pen? \_\_\_\_\_

Does your child require a special diet? (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

Are vaccinations up to date? \_\_\_\_\_

List any other information you think the nurse and BOLT director should know:

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHARACTER REFERENCE

To be filled out by a Teacher or Adult Friend (not a relative)

**Name of Applicant:** \_\_\_\_\_

**Name of Reference:** \_\_\_\_\_ **Relationship to Applicant:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

*The above named applicant has indicated they would like to be involved in the BOLT leadership program at Camp Oneida. By filling in this form you are agreeing to be a reference for this person. Please answer as honestly as you can and feel free to leave anything blank you don't feel qualified to answer. If you have any concerns about this applicant please contact me (Andi Ovenden) at 905-930-8044 or [bolt@camponeida.com](mailto:bolt@camponeida.com)*

	Needs a lot of Improvement	Needs a little Improvement	Satisfactory	Good	Excellent
<i>Maturity</i>					
<i>Work Habits</i>					
<i>Willingness to learn</i>					
<i>Ability to accept criticism</i>					
<i>Reliability</i>					
<i>Initiative</i>					
<i>Punctuality</i>					
<i>Attitude towards peers</i>					
<i>Attitude towards authority</i>					

Do you have any hesitation about recommending this applicant for a program building leadership skills?

\_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

## SPIRITUAL REFERENCE

To be filled out by a Pastor, Youth Leader, or Spiritual Mentor.

**Name of Applicant:** \_\_\_\_\_

**Name of Reference:** \_\_\_\_\_ **Relationship to Applicant:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

*The above named applicant has indicated they would like to be involved in the BOLT leadership program at Camp Oneida. By filling in this form you are agreeing to be a reference for this person. Please answer as honestly as you can and feel free to leave anything blank you don't feel qualified to answer. If you have any concerns about this applicant please contact me (Andi Ovenden) at 905-930-8044 or [bolt@camponeida.com](mailto:bolt@camponeida.com)*

	Needs a lot of Improvement	Needs a little Improvement	Satisfactory	Good	Excellent
<i>Spiritual Maturity</i>					
<i>Spiritual Growth</i>					
<i>Willingness to learn</i>					
<i>Ability to accept criticism</i>					
<i>Reliability</i>					
<i>Initiative</i>					
<i>Attitude towards peers</i>					
<i>Attitude towards authority</i>					

Do you have any hesitation about recommending this applicant for a program building leadership skills?

\_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Signature

Date