

**SASKATCHEWAN FEDERATION OF LABOUR  
SUMMER CAMP YOUTH ACTIVITY COORDINATOR (YAC)  
APPLICATION FORM**

**POSITION DESCRIPTION**

**YOUTH ACTIVITY COORDINATOR (YAC):**

The Saskatchewan Federation of Labour Summer Camp (Aug. 25-31) is an educational program situated in a unique camp setting. The program offers a wide variety of learning opportunities to youth of union members. The YAC position was created to assist with various aspects of the operations of camp.

**FUNCTION:**

The YAC is responsible for providing supervision and assistance in all programs and activities of Camp and to ensure the personal needs of all participants are being met.

**RESPONSIBILITIES INCLUDE:**

1. Assist and implement portions of the recreational program for participants.
2. Assist and support Counsellors in dealing with educational sessions.
3. Ensure that the atmosphere of camp is positive and conducive to learning.
4. Ensure that the needs of each participant are being met.
5. Keep the Camp Director informed of all incidents and issues.

**REQUIREMENTS:**

1. An approach which is worker centered, anti-racist, feminist, ability inclusive, queer positive and youth empowered.
2. Mature individual with leadership training and experience.

**Saskatchewan Federation of Labour  
Summer Camp Application Form  
Youth Activity Coordinator (YAC)**

Closing date: May 4, 2018

**Date:** \_\_\_\_\_

(Please print all information)

**PERSONAL DATA**

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First Name	Middle Name	Last Name
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Full Address	Postal Code	Phone Number
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Occupation (if not a student)	S.I.N.	Date of Birth: D/M/YR
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Preferred Pronoun(s)	Gender Identity
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**Optional:** \_\_\_\_\_

Email address	Cell #
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**In case of emergency contact:**

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Name	Address	Phone Number
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Relationship to you \_\_\_\_\_

Camp responsibilities commence on Friday, August 24<sup>th</sup> and wrap up on August 31<sup>st</sup>. Do you have any concerns about working at the camp during this week?

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The Saskatchewan Federation of Labour Summer Camp offers an opportunity to learn about labour issues, environmental concerns, international awareness, and how to interact with others.

SFL Summer Camp is a unique learning atmosphere that utilizes an outdoor setting to compliment an educational program.

A staff member's responsibility at Camp is serious and demanding. His/her rewards are found largely in the satisfaction of a job well done, and in personal growth and development that goes with it. Your signature below indicates your willingness to give your best efforts and abilities in achieving it.

Return to: **THE SASKATCHEWAN FEDERATION OF LABOUR**

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Signature of Applicant

**EDUCATION AND TRAINING**

What education will you have at the end of the current school year?

High School (Grade completed): \_\_\_\_\_

College/SIAST or other: \_\_\_\_\_

University (Year completed): \_\_\_\_\_ Faculty: \_\_\_\_\_ Major: \_\_\_\_\_

Others: \_\_\_\_\_

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List any previous camping experience you have as a camper or staff: \_\_\_\_\_

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List any leadership experience you have had: \_\_\_\_\_

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Do you have any swimming and lifesaving certificates or awards (i.e. YMCA, RLSSC, Red Cross).  
If so, state the type of certificate, date earned, and expiry date: \_\_\_\_\_

\_\_\_\_\_

Do you have a St. John's Ambulance Certificate in First Aid? If so, state type of course, date  
earned and expiry date: \_\_\_\_\_

\_\_\_\_\_

List any other qualifications, certificates, awards and abilities, etc. not covered above:

\_\_\_\_\_

List your extra-curricular activities and indicate your involvement in them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

List three people below, other than relatives, who you know and who can give us a definite  
statement as to your character, ability and work habits.

1. \_\_\_\_\_

Name

\_\_\_\_\_

Address

Phone Number

\_\_\_\_\_

Position

\_\_\_\_\_

In what connection has s/he known you?

How long?

2.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Position

\_\_\_\_\_  
In what connection has s/he known you?

\_\_\_\_\_  
How long?

3.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Position

\_\_\_\_\_  
In what connection has s/he known you?

\_\_\_\_\_  
How long?

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**Voluntary Self Declaration  
(Completion of this section is optional)**

I am an Indigenous (Aboriginal) person of North America: \_\_\_\_\_

I am, by virtue of my race/ethnicity or colour, a visible minority of Canada: \_\_\_\_\_

I have a disability: \_\_\_\_\_

**Please return this application to the Saskatchewan Federation of Labour,  
#220 – 2445 13<sup>th</sup> Avenue, Regina, Sk, S4P 0W1 or fax to (306) 525-8960.**