

# COLT APPLICATION

Sagitawa Trail Rides, Attn: Stacy Esau, Box 14, Clayhurst, BC V0C 1K0  
stacy@tyran.ca

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## General Information: (Please print in upper case.)

Full Name \_\_\_\_\_  Male  Female

SIN \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade this fall \_\_\_\_\_

Health Care Card Number & Province \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Prov / Postal Code \_\_\_\_\_ Ph (home) (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Ph (other) (\_\_\_\_) \_\_\_\_\_

## Emergency Contact Information:

Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Prov / Postal Code \_\_\_\_\_ Phone 1 (\_\_\_\_) \_\_\_\_\_

Phone 2 (\_\_\_\_) \_\_\_\_\_

## Dates Available:

I will be available from \_\_\_\_\_ until \_\_\_\_\_  
(date) (date)

If these dates differ from those stated on the Summer Schedule, please indicate reasons.

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## Health and Care Concerns:

Please describe any health restrictions, mental health concerns, or educational needs.

Do you have any special dietary needs?

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## Church Affiliation:

Church you currently attend \_\_\_\_\_ Location \_\_\_\_\_

Name of Pastor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

I try to attend: **weekly** **once or twice a month** **whenever I feel like it** **never**

What do you see as your main strengths and weaknesses as you seek to develop your leadership ability?

Strengths:

Weaknesses:

What do you hope to contribute to camp ministry?

Please indicate what type and the amount of experience you have had with horses.

**References:** Please supply the following information for 3 people who know you well and have agreed to give a reference. References must be at least 25 years old, and not a relative.

	Name	Address	Phone
Pastor or Youth Leader			
Teacher or Employer			
Close Friend			

**Testimony:** Include a written testimony on separate paper of when and why you became a Christian, what God is doing in your life right now and what you would like to see God do in your life this summer.

**References & Commitment:** Please provide information for 3 references and **hand out, mail or email** them a reference form. They must be over 25, must know you well, have agreed to give a reference, and cannot be a relative.

	Name	Phone (with area code)	Form given
Pastor / Youth Pastor			Yes / No
Teacher / Employer			Yes / No
Close Friend			Yes / No

- ✓ *I agree to seek biblical truth, endeavoring to apply it to my whole life.*
- ✓ *I agree to seek a Christ-like attitude of service to staff and campers.*
- ✓ *I agree to uphold camp regulations and procedures with respect.*
- ✓ *I agree to minister as part of a team and submit to authority.*
- ✓ *I agree to participate in the camp's program to the best of my ability.*
- ✓ *I am not coming to Sagitawa to find romance. If I should meet someone whom I wish to pursue a romantic relationship with, I will set it aside for the sake of camp ministry.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

<input type="checkbox"/> I have completed all parts of this application.	<input type="checkbox"/> I've submitted my criminal record check to the RCMP.	<input type="checkbox"/> I have attached my health form.
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