



**Hespeler Village  
Neighbourhood Association**

Hespeler Village Neighbourhood Association

Hespeler Memorial Arena

640 Ellis Road, Beehive Hall

Tel. 519.240.3567

candicew@hvna.ca

**Summer Fun Camp Application Form**

**Applications must be returned by April 28, 2022**

NOTE: application acceptance requires the following attachments: 1. Current Resume *and* 2. Current copy of all certificates

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

Alt. Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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EDUCATION: Secondary/Post-Secondary School: Please circle current grade: 9 10 11 12 Not in School

Post-Secondary: \_\_\_\_\_

Major: \_\_\_\_\_ Current Year: \_\_\_\_\_

Are you a full-time student, returning to school full-time in the Fall 2022? Yes  No

In order to help us set up interviews, please indicate when you are available in May (dates/times):

\_\_\_\_\_

Are you legally eligible to work in Canada? Yes  No  Date you are available to start work: \_\_\_\_\_

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PREVIOUS EMPLOYMENT (*most recent first*)

Have you worked for HVNA previously? Yes  No

Employer

Date(s) Employed

Duties

Reason for leaving

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PREVIOUS LEADERSHIP EXPERIENCE: (Volunteering, community groups, school functions, etc.)

Organization

Date(s)

Position

Have you ever volunteered with HVNA (Leader in Training)? Yes  No  When? \_\_\_\_\_

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REFERENCES (Must include two)

Name

Phone #

Email

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

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POSITION

Please indicate what position(s) you are applying for: Program Facilitator  Summer Program Supervisor

*All employees are responsible for transportation to and from work*

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QUALIFICATIONS

I understand that time off during scheduled hours will not be granted Yes  No

Do you have a current Standard First Aid/ CPR C certificate? Yes  No

Do you have Principals of Healthy Child Development certificate? Yes  No

Do you have a LEAD certificate? Yes  No

Do you have a valid Ontario Driver's License? Yes  No

*Additional awards can be included in your photocopy of your other certificates*

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