



Society of Saint Vincent de Paul
Greater Toronto Central Council
240 Church Street, Toronto, Ontario M5B 1Z2

Marygrove Camp for Girls & Camp Ozanam for Boys

Composed of:

DURHAM
Particular Council

ETOBICOKE
Particular Council

HUMBER VALLEY
Particular Council

PEEL
Particular Council

PEEL NORTH
Particular Council

SCARBOROUGH EAST
Particular Council

SCARBOROUGH WEST
Particular Council

TORONTO EAST
Particular Council

TORONTO NORTH
Particular Council

TORONTO WEST
Particular Council

YORK SOUTH
Particular Council

Dear Applicant for the 2025 camp season;

We are very much looking forward to operating our camps again this summer, our programs are successful because of you! Our camps serve children who might not otherwise get a chance to experience an overnight camping adventure due to their family situations. Camp is something every child deserves to experience, be a part of the magic!

Both Marygrove Camp and Camp Ozanam operate during July and August. Qualified candidates are hired for either a few sessions or for the whole summer, based on availability and need. Please be sure to list your availability on the application.

Interviews will be scheduled for new applicants either in person, or virtually. Please note, not all applicants will be granted interviews.

Please be advised that all staff require a Social Insurance Number (S.I.N). If you do not have a S.I.N. number, please apply immediately as there is often a waiting period. Additionally, an important step in the application process is ensuring that the reference section of the application is complete. Incomplete applications will be returned.

Both Marygrove Camp and Camp Ozanam are non-smoking facilities. If you smoke, please reconsider your application. We do not provide a smoking area on site and will not permit staff to leave grounds to smoke.

If you require additional information, please do not hesitate to contact me by email at lcoutu@ssvptoronto.ca. Remember, we are interested in hiring you, so we expect to communicate with you directly not your parent, and can work around school and other commitments. Please return application to 240 Church Street, Toronto, Ont. M5B 1Z2 or email it to campinfo@ssvptoronto.ca

Sincerely,

Louise Coutu
Director, Marygrove Camp

David Amadei
Director, Camp Ozanam

Operates:

AMÉLIE
HOUSE

CAMP
OZANAM

DEPAUL, MARTINEAU &
VINCENT HOUSE

ELISA
HOUSE

MARYGROVE
CAMP

MARY'S
HOME

OZANAM
HOUSE

COURT SERVICES/ PRISON
APOSTOLATE

ST. CLARE
RESIDENCE

ST. FRANCIS
RESIDENCE

SAINT. VINCENT DE PAUL
COMMUNITY STORES

VINCENPAUL
COMMUNITY HOMES

Telephone: (416) 364-5577 * Fax: (416) 364-2055 * Email: info@ssvptoronto.ca

Registered Charity #11915 5133 RR0002

www.ssvptoronto.ca

Society of Saint Vincent de Paul – Camp Staff Application

***** Fillable form*** Please save the form, complete all information and submit saved form:**

I am applying for (please check): ___ Marygrove Camp for girls or ___ Camp Ozanam for boys

NAME: _____
(first) (initial) (last)

Email Address: (required) _____ Do you have a SIN number (yes or no)? _____

PERMANENT ADDRESS: please give an address where information can be sent January through September.

Street Name and Number: _____ Apt. _____

City or Town: _____ Postal Code: _____

Phone number: Home () _____ Cell () _____

POSITION APPLYING FOR: (please check)

___ Cabin Counsellor (age group preference): _____ ___ Counsellor-in-Training (CIT)

___ Kitchen Staff ___ Program Staff (please note Marygrove applicants applying for Program Staff will be sent an additional form)

Are you available for the entire summer (Yes or No): _____ If No, when are you available? _____

SCHOOL, WORK AND VOLUNTEER EXPERIENCE:

School/ Program: _____ What year/grade are you in? _____

Do you work, if so, what kind of work do you do?: _____

Volunteer Experience: _____

CAMP EXPERIENCE:

Were you ever a camper at Marygrove Camp or Camp Ozanam, and if yes, what years? _____

Did you attend other camps as a camper? (please list): _____

Have you worked at Marygrove Camp or Camp Ozanam? ___ If yes, what was the last year you worked? _____

What position did you hold at our camps? (years): CIT _____ Counsellor: _____ Other (identify): _____

Did you work at any other camps? (please list): _____

Office Use Only. Position: _____ Date Info Sent: _____

Session(s): _____ Pay Rate: _____

Swimming Ability: Can you swim? _____ Swim Levels Achieved (please list): _____

Please list last year you completed First Aid or CPR courses (type of course and date): _____

Please check the activities that interest you:

| | | | | | | | |
|-------------------|-------|-----------------|-------|--------------|-------|----------|-------|
| arts and crafts | _____ | group games | _____ | soft ball | _____ | swimming | _____ |
| basketball | _____ | nature lore | _____ | song leading | _____ | biking | _____ |
| campfire programs | _____ | music | _____ | ball hockey | _____ | drama | _____ |
| canoeing | _____ | hiking | _____ | soccer | _____ | archery | _____ |
| dance | _____ | outdoor cooking | _____ | volleyball | _____ | tenting | _____ |

Other: _____

Please list any qualifications, relevant trainings or particular skills: **[Please attach a resume if you are a first time applicant.]**

REFERENCES: please list three persons to whom we may refer that have known you for at least six months, 2 must NOT be related. * **THIS SECTION MUST BE COMPLETED:**

- 1) Name: _____ Phone: () _____
How do you know this person?: _____ email: _____
- 2) Name: _____ Phone: () _____
How do you know this person?: _____ email: _____
- 3) Name: _____ Phone: () _____
How do you know this person?: _____ email: _____

How did you become interested in Marygrove Camp or Camp Ozanam? (Please provide name if you heard about us from a friend, etc.) _____

**** This section must be completed for applicants under age 18:**

Parent or Guardian _____ Phone: () _____ Home
() _____ Work

Parent or Guardian _____ Phone: () _____ Home
() _____ Work

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Phone: () _____

Alternate Number () _____ Relationship _____

APPLICANT'S SIGNATURE: _____ Date: _____
(If you do not have an electronic signature please type your name and it will be accepted as a signature)

SIGNATURE OF PARENT OR GUARDIAN (IF UNDER 18): _____
(If your parent does not have an electronic signature please type your parent's name and it will be accepted as a signature)

Please return by email if possible as soon as possible.

Please save form before after completing and email the completed saved form to campinfo@ssvptoronto.ca; or print and mail to Society of Saint Vincent de Paul - 240 Church Street, Toronto, Ontario. M5B 1Z2