



# Society of Saint Vincent de Paul

Greater Toronto Central Council  
240 Church Street, Toronto, ON M5B 1Z2

Consists of:

DURHAM  
Particular Council

ETOBIKOKE  
Particular Council

HUMBER VALLEY  
Particular Council

PEEL  
Particular Council

PEEL NORTH  
Particular Council

SCARBOROUGH EAST  
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SCARBOROUGH WEST  
Particular Council

TORONTO EAST  
Particular Council

TORONTO NORTH  
Particular Council

TORONTO WEST  
Particular Council

YORK SOUTH  
Particular Council

Operates:

AMELIE HOUSE

CAMP OZANAM

DEPAUL, VINCENT  
& MARTINEAU HOUSE

ELISA HOUSE

MARY'S HOME

MARYGROVE CAMP

OZANAM HOUSE

SAINT VINCENT DE PAUL  
COMMUNITY STORES

ST. CLARE RESIDENCE

ST. FRANCIS RESIDENCE

VINCENPAUL  
COMMUNITY HOMES

Dear Applicant for the 2026 camp season.

re: Marygrove Camp and Camp Ozanam

Thank you for your interest in the Society's summer camp program. Our camps serve children who might not otherwise have 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 camps 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 ensure that you list your availability on the application. Interviews will be scheduled for new applicants either in person or virtually. Please note that not all applicants will be granted interviews.

All staff require a Social Insurance Number (S.I.N) to be paid. If you do not have a S.I.N. number, please apply immediately. 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 or vape, please reconsider your application.

If you require additional information, please do not hesitate to contact us through [campinfo@ssvptoronto.ca](mailto:campinfo@ssvptoronto.ca). Remember, we are interested in hiring you, so we expect to communicate with you directly, not your parent. Please return applications and a resume to 240 Church Street, Toronto, Ont. M5B 1Z2 or email it to [campinfo@ssvptoronto.ca](mailto:campinfo@ssvptoronto.ca).

Sincerely,

Louise Coutu

Marygrove Camp Director

David Amadei

Camp Ozanam Director

Phone: 416-364-5577 Fax: 416-364-2055 Email: [info@ssvptoronto.ca](mailto:info@ssvptoronto.ca)

Registered Charity 11915 5133 RR0002

[www.ssvptoronto.ca](http://www.ssvptoronto.ca)

# Society of Saint Vincent de Paul – Camp Staff Application

**Please note: This is a fillable form. You should download the form, complete all sections and verify your information has saved before submitting.**

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:** \_\_\_\_\_ Cabin Counsellor - age group preference: \_\_\_\_\_

Counsellor-in-Training (CIT)  Kitchen Staff  Program/Waterfront Staff

Availability (please list when you can work at camp): \_\_\_\_\_

Staff applying for Program Staff, please describe the type of skill/interest you wish to share: \_\_\_\_\_

## **SCHOOL, WORK AND VOLUNTEER EXPERIENCE:**

School: \_\_\_\_\_ Year/Program: \_\_\_\_\_

Current Employment and Position: \_\_\_\_\_

Volunteer Experience – type: \_\_\_\_\_

## **CAMP EXPERIENCE:**

Former Employee of Marygrove/Ozanam \_\_\_\_\_ Year(s): \_\_\_\_\_

Employee of other Camps? \_\_\_\_\_ Name of Camp(s): \_\_\_\_\_

Former Camper of Marygrove/Ozanam? \_\_\_\_\_ Year(s): \_\_\_\_\_

Camper at other Camps? \_\_\_\_\_ Name of Camp(s): \_\_\_\_\_

Office Use Only.	Position: _____	Date Info Sent: _____
Session(s): _____	Pay Rate: _____	

When you work with or look after children, what type of activities do you enjoy doing with them? \_\_\_\_\_

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Please list qualifications, trainings, or particular skills: \_\_\_\_\_

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**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.) \_\_\_\_\_

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**\*\* 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: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

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 and after completing and email the completed form to [campinfo@ssvptoronto.ca](mailto:campinfo@ssvptoronto.ca); or print and mail to Society of Saint Vincent de Paul – 240 Church Street, Toronto, Ontario M5B 1Z2