



Society of Saint Vincent de Paul

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

Consists 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

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. 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.

Sincerely,

Louise Coutu
Marygrove Camp Director

David Amadei
Camp Ozanam Director

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? _____

Please list qualifications, trainings, or particular skills: _____

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: _____

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; or
print and mail to Society of Saint Vincent de Paul – 240 Church Street, Toronto, Ontario M5B 1Z2