



**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 2024 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](mailto: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](mailto: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](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

**\*\*\* 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](mailto:campinfo@ssvptoronto.ca); or print and mail to **Society of Saint Vincent de Paul - 240 Church Street, Toronto, Ontario. M5B 1Z2**