



Application Packet for Guiders Provincial and Interprovincial Events

Please read all information carefully before completing attached forms.

Enclosed you will find:

- Event information sheet
- Provincial – Interprovincial Adult Member Application Form pages 1 – 5 (inclusive)
- Commissioner's Confidential Recommendation Form for Adult Members – page 6
- Personal Health Form – H.1

Adult Member: Please complete pages 2 – 5 and H.I. When completed, take these forms, along with page 6, to your commissioner.

- *N.B.** Please enclose a confidential letter of recommendation from:
- a) your commissioner
 - b) your camp adviser
 - c) someone outside of Guiding

**Commissioner and
Camp Adviser:**

Please check over all forms making sure they are all completed properly and pass all forms through the committee system to your area commissioner.

Area Commissioner: Please fill in page 6 and forward all completed forms to the Manitoba camp committee, Girl Guides of Canada, 213-530 Century Street, Winnipeg, MB, R3H 0Y4

NOTE: COMMISSIONERS and CAMP ADVISER – Please try **not** to use applicant's name when filling in the reference pages.

NOTE: If selected, the applicant's attendance at the interprovincial briefing is **compulsory**.

We protect and respect your privacy. Your personal information is used to communicate within our organization and may be listed and shared within Guiding. We do not provide or sell this information outside our organization. For further information, see our privacy statement at www.girlguides.mb.ca or call (204) 774-GIRL (4475).

My personal information may be listed and shared within Guiding.

Please complete appropriate forms.

ACTIVE MEMBERS' INTERPROVINCIAL – PROVINCIAL APPLICATION FORM

The applications are reviewed by members of the Manitoba Interprovincial Selections Committee. Applicants are chosen on the following basis:

- camping background
- leadership skills
- knowledge of the Guiding organization
- character reference from camp advisers, commissioners, and non-member of the Guiding organization

Applications postage date stamped **after** the deadline **will not** be considered. Applicants will be notified by mail whether or not they were selected.

EVENT _____ EVENT DATE _____

NAME _____

ADDRESS _____

POSTAL CODE _____ PHONE _____

E-MAIL ADDRESS _____

UNIT _____ AREA _____

In Case of Emergency Notify _____ Phone _____

COMMISSIONER'S NAME _____

PHONE _____

COMMISSIONER'S SIGNATURE _____

To ensure selection on basis of qualifications only, the above information will not be available to the selection committee.

I would like to allow my name to be considered for the following Interprovincial – Provincial Camps: **MAXIMUM 3 CAMPS.**

1st Choice _____

2nd Choice _____

3rd Choice _____

Event _____ Name of Participant _____

Guide Camping Experience (Include only the last 10 camps. Begin with the most recent camp.)

Camp or Event Name, Date, Year	Location Held	No. of Nights	Type (Please check one)							Cooking Methods (Please check types of methods you have used)					
			Tents (Standing)	Residential (Building)	Canoeing	Backpacking	Winter (shelters)	Cycling	Charcoal	Propane Stove	Coleman Gas Stove	Wood Fires	One-Burner (light weight stoves)	Catered	

Out of Guiding
Camping

Waterfront
Qualifications

Type	Location	No. of Nights	Type of Shelter

List highest level only

Swimming _____

Canoeing _____

EVENT: _____ NAME OF APPLICANT: _____

A.

Please answer the following questions:

NOTE: Answers should be typed. You should not use any more than 1/2 page for each question. Number these two pages 4 (a) and 4 (b). Handwritten in **black ink** will be accepted.

1. Describe a stressful event in your life and how you coped with it.
2. Your homestay hosts sit and watch television all the time, how can you turn this into a positive experience?
3. You and another Guider are to plan an event. The other Guider prepares the program ahead of time and will not let you or the girls have any input. How would you handle this?
4. Why do you feel it is important to follow the safety rules in the *POR* at Guiding events?

B.

GUIDING HISTORY

Please state on one double spaced typed page, a brief outline of your Guiding background. Include your past and present position(s), trainings, events and Guiding experiences that have helped to prepare for the event for which you are applying. Number this page 4 (c). Handwritten in **black ink** will be accepted.

C.

APPLICANT'S LETTER

Please state on no more than 2 double spaced typed sheets i) what you expect to contribute to this event, ii) what you expect to gain from this event, iii) what Guiding in Manitoba will gain by you attending this event, and iv) something about your "Non-Guiding" life. Number these pages 4 (d) and 4 (e). Handwritten in **black ink** will be accepted.

NOTE: Please ensure your name and the name of the event is on the top of each page.

EVENT: _____ NAME OF APPLICANT: _____

I promise to abide by all the rules of the interprovincial camp, both while at camp and when traveling to and from camp.

(Applicant's Signature)

I hereby accept full financial responsibility for any expenses incurred by myself during this event.

Signed by: _____

Date: _____

CAMP ADVISER

I have read and I verify the information on this application form. I am forwarding, in one envelope, all the necessary letters and forms to my commissioner for her signature.

(Signature Camp Adviser)

(Date)

ATTENTION CAMP ADVISER:

Enclosure Checklist:

- _____ Appropriate forms 2 – 6
- _____ Completed Personal Health Form (H.1)
- _____ Confidential letters of reference in sealed envelopes from:
 - a) commissioner
 - b) camp adviser
 - c) someone outside of Guiding

INTERPROVINCIAL – PROVINCIAL EVENTS

EVENT _____ NAME OF APPLICANT _____

COMMISSIONER'S CONFIDENTIAL RECOMMENDATION FORM

All commissioners please fill in where applicable and forward all completed forms to the **Manitoba Camp Committee**, Girl Guides of Canada, 213-530 Century Street, Winnipeg, MB, R3H 0Y4 by _____

Area Deadline: _____

I HAVE READ THIS APPLICATION AND HAVE FULL KNOWLEDGE OF ITS SUBMISSION.

DISTRICT COMMISSIONER

Comments: _____

Date: _____ Signature: _____
(District Commissioner)

AREA CAMP ADVISER (any level or deputy)

Comments: _____

Date: _____ Signature: _____
(Camp Adviser)

AREA COMMISSIONER

Comments: _____

Date: _____ Signature: _____
(Area Commissioner)

N.B. Commissioners and camp adviser: If you are related to this applicant, please have your deputy or another responsible member of your council complete and sign.