

**SASKATCHEWAN COUNCIL GIRL GUIDES OF CANADA**

**CAMP CAN-TA-KA-YE**

200 – 1530 Broadway Avenue, Regina, SK S4P 1E2  
Telephone: (306) 757-4102 Toll Free: 1-877-694-0383  
Fax: (306) 347-0995 E-mail: gguides@sasktel.net  
Website: www.girlguides.sk.ca/Camping/cantakaye.html

**CAN-TAKA-YE JUNIOR LEADERSHIP DEVELOPMENT TEAM**  
**APPLICATION FORM**

**Applications for summer are to be submitted to the provincial office by May 1.**

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How would you prefer to be contacted? \_\_\_\_\_

Area: \_\_\_\_\_ Division: \_\_\_\_\_ District: \_\_\_\_\_ Unit: \_\_\_\_\_

Present Branch in Guiding: \_\_\_\_\_ Number of Years in Guiding: \_\_\_\_\_

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Camping Experience Since 2005: (attach additional sheets as necessary)

<u>Place</u>	<u>Year</u>	<u>No. of Nights</u>	<u>Type of Camp</u>
_____			
_____			
_____			
_____			

Previous Junior Leader, LIT or CIT Experience: (attach additional sheets as necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Level of swimming: \_\_\_\_\_

Canoe experience (be specific): \_\_\_\_\_

Backpacking experience (be specific): \_\_\_\_\_

Other trainings within Guiding: (attach additional sheets as necessary) \_\_\_\_\_

Other trainings outside of Guiding: (attach additional sheets as necessary) \_\_\_\_\_

**Camp Skills:** Please check off the appropriate description of your knowledge of these basic camp skills. You may add notes or additional details as you feel necessary.

	Excellent	Very Good	Good	Fair	Poor	
Basic Knots						
Gadgets						
Canvas Tent Care						
Light Weight Tent Care						
Bedrolls						
Campfire						
Ceremonies						
Sanitation						
Map & Compass						
First Aid						
Charcoal Cooking						
Fuel Stove Cooking						
Open Fire Cooking						

Now we want to know about YOU! Everyone has good qualities and not-so-good qualities. Please complete this section honestly. (attach additional sheets as you feel necessary)

Gifts I have: \_\_\_\_\_

Things I enjoy: \_\_\_\_\_

I like to work with: \_\_\_\_\_ Sparks \_\_\_\_\_ Brownies \_\_\_\_\_ Guides \_\_\_\_\_ Pathfinders

Please don't ask me to: \_\_\_\_\_

Please attach a separate page telling us what you hope to gain from and contribute to the Can-ta-ka-ye Junior Leadership Development Team.

The C.J.L. program is divided into two stages: Level I and Level II. These stages should be completed in order; but due to changes in the program, your age and experience, some exceptions will be made. In order to accommodate as many applicants as possible we are allowing you to select the dates/camps that you would like to be a CJL for. Applicants will arrive on site the evening before the camp begins to assist staff with preparation for the camp. Please indicate which level you are applying for and which dates/camps you would like to attend.

Level I (1-2 consecutive camps, approx. 8 days)     Level II (2-3 consecutive camps, approx. 14 days)

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

**Applicants must submit a complete application, including application form, with all necessary signatures AND a camper reference letter, to be completed by your Guider/Commissioner.**

Successful applicants will be notified in late May and fees will be collected at that time. A fee of \$50.00 will be charged to cover the cost of food and materials.

**APPLICANT'S CONSENT**

I have completed this application to the best of my ability and I promise to abide by the Guide Promise and Law and to follow the rules of Camp Can-ta-ka-ye.

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

**PARENT'S CONSENT:**

I hereby give permission for my daughter/ward \_\_\_\_\_ to attend Camp Can-ta-ka-ye as a part of the Can-ta-ka-ye Junior Leader Program. I give the Camp Director authority to make any decision regarding the welfare of my daughter/ward during the camp period.

SIGNED: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DATED: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**FINANCIAL RESPONSIBILITY:**

I/we, the parent(s)/legal guardian(s) of \_\_\_\_\_ accept full responsibility for all expenses incurred by the above applicant in connection with Camp Can-ta-ka-ye at the session applied for.

SIGNED: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DATED: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**ENDORSEMENT** of Guider or Commissioner.

NAME: \_\_\_\_\_ POSITION IN GUIDING: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

**SASKATCHEWAN COUNCIL GIRL GUIDES OF CANADA**  
**CAMP CAN-TA-KA-YE**

**CAN-TA-KA-YE JUNIOR LEADERSHIP DEVELOPMENT PROGRAM**  
**CONFIDENTIAL CAMPER EVALUATION**

The top section of this form is to be filled out by the applicant and given to her Guider/Commissioner together with an envelope (with the applicant's name on it). After the Guider has completed the Evaluation Form it should be sealed in the envelope with the reference's name over the seal. The applicant will then add the sealed envelope to her application and send in her completed application.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Area: \_\_\_\_\_ Division: \_\_\_\_\_ District: \_\_\_\_\_ Unit: \_\_\_\_\_

The following is to be completed fairly and honestly by the Guider. Place a check mark on the scale for each of the following skills or qualities. Please make additional comments, attaching another page if necessary.

	Out-standing	Very Good	Good	Fair	Poor	Comments
Ability to Relate						
- to peers						
- to children						
- to Guiders						
- to other adults						
Enthusiasm						
Social Maturity						
Emotional Maturity						
Reliability						
Independence						
Punctuality						
Personal Appearance						
Care of Belongings						
Teamwork/Co-operation						
Leadership Qualities						

Commitment						
Flexibility						
Adaptability						
Care of Patrol Equipment						
Basic Camp Skills						
Is An Effective Patrol Member						

Would this applicant benefit from the C.J.L. Development Program? \_\_\_\_\_ Why? \_\_\_\_\_

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Would you recommend this applicant for the C.J.L. Development Program? \_\_\_\_\_  
Why? \_\_\_\_\_

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SIGNED: \_\_\_\_\_

POSITION IN GUIDING: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

HOW WOULD YOU PREFER TO BE CONTACTED IF WE HAVE ADDITIONAL QUESTIONS?

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