



129 McGillivray Ave.  
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 Email Addresses: [campagudah@rogers.com](mailto:campagudah@rogers.com) [agudahcamp@gmail.com](mailto:agudahcamp@gmail.com)  
 Website: [campagudahtoronto.com](http://campagudahtoronto.com)

**STAFF CONTRACT**

Name: \_\_\_\_\_ S.I.N. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Legal (Canadians) (Americans)

Address: \_\_\_\_\_ street \_\_\_\_\_ city \_\_\_\_\_ prov./state \_\_\_\_\_ postal/zip code \_\_\_\_\_

e-mail: \_\_\_\_\_ Home Phone number \_\_\_\_\_ Staff Cell Phone \_\_\_\_\_

Job at camp: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Medical Health Number: \_\_\_\_\_  
 M D Y (Canadians except for province of Quebec)

NON CANADIANS MUST PURCHASE ACCEPTABLE MEDICAL COVERAGE FOR ONTARIO (now available in the 'forms' section of our web site)

Emergency Contact:

Name	Relation to staff	Email address	Home phone no.	Cell phone no.
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Address: \_\_\_\_\_

For staff members under 18 (i.e. J.C.). I give my permission to leave camp for his/her day off.

Parent Signature \_\_\_\_\_ Name (Printed) \_\_\_\_\_

Cell Number \_\_\_\_\_ Home number \_\_\_\_\_ Work number \_\_\_\_\_

**PLEASE NOTIFY US AS TO HOW YOU ARE COMING TO CAMP.**

**Date Arriving \_\_\_\_\_ Arrival Time \_\_\_\_\_**

**Method of transportation \_\_\_\_\_ Airline Name & Flight # \_\_\_\_\_**

*Please complete and return this form immediately to our Toronto Office. You must also complete & return the TD1 form. All salaries are in the "Gross Amount". Relevant taxes, (Income taxes, C.P.P., & E.I.) are deducted where applicable. Non-Canadians should fill out the Regulation 105 Waiver Application and the form for the ITN .*

Please keep a copy of the contract for your records

**Thank you and we look forward to a most positive experience at Camp Agudah Toronto.**  
**I will abide by the rules set out in the contract emailed to me and staff handbook which I will read in camp.**

Signed \_\_\_\_\_ Signed \_\_\_\_\_  
 Staff Member Camp Director Rabbi M. Blaustein

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 M D Y

Office Use:  
 Salary \$ \_\_\_\_\_ Transportation \$ \_\_\_\_\_ Tips \$ \_\_\_\_\_

**Check List**

- I have:
- Filled out the medical form . Come to camp with credit card number or phone the office with your credit card # (visa or mastercard only)
  - Completed Governing Law and Jurisdiction form for non Canadians
  - Signed contract
  - Filled out the TD1 form (Canadians)
  - Read the Staff Guide in camp
  - Regulation 105 waiver application ( non Canadians)
  - ITN form (Non Canadians that do not have an ITN number from previous year)
  - Proof of Medical Insurance coverage in Ontario
  - Sweatshirt order
  - If applicable; paid staff fees
  - Police Background check form
  - Lice/nit form

**STAFF MUST BRING THEIR LUGGAGE TO THE AGUDAH PARKING LOT 129 McGillivray Ave. June 21 from 4-6.**