

2010 Volunteer Application Form

RETURN FORMS TO: Camp Quality Canada 1444 Queen St E, Suite 206 Toronto ON M4L 1E1		IF YOU HAVE ANY QUESTIONS PLEASE CONTACT: Manager of Programs 1-866-738-8011 michelle@campquality.com
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I am applying to volunteer at:

- | | | |
|---|---|---|
| <input type="checkbox"/> Alberta (Sylvan Lake) | <input type="checkbox"/> Northwestern Ontario (Thunder Bay) | <input type="checkbox"/> New Heights (Priceville) |
| <input type="checkbox"/> Eastern Ontario (Lanark) | <input type="checkbox"/> Northern Ontario (Sudbury) | |
| <input type="checkbox"/> Manitoba (Winnipeg) | <input type="checkbox"/> Southern Ontario (Priceville) | |

CONTACT INFORMATION:

Name: _____ Birth date: _____ (dd/mm/yyyy) Male Female
(Last name) (Given Name) (for background check and "Happy Birthday" reasons)

Address: _____
 Street/P.O. Box/Apt _____

 City Province Postal Code

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

T-Shirt Size: YS YM YL YXL AS AM AL AXL Other _____

Sweat Shirt Size: YS YM YL YXL AS AM AL AXL Other _____

Do you have any dietary restrictions? If so, please describe: _____

TRAINING AND CERTIFICATIONS: Please provide photocopies of all current certifications.

<u>Type:</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Expiration Date</u>
Pleasure Craft Operator Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
National Lifeguard Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Aquatic Emergency Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Food Safe	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Do you have a valid driver's license? If yes, please indicate the class (i.e. G2, G, etc.): _____

Do you speak a second language? If yes, please indicate language and proficiency level: _____

Do you have any medical background? If so please describe? _____

What is your educational background? (degrees, certificates etc.) _____

VOLUNTEER POSITIONS:

Which position(s) would you be willing to fill?

- Companion
- Support Companion
- Programming
- Medical Team
- Kitchen
- Support
- Lifeguard
- Friend of Camp Quality Canada
- Camp Organizing Committee (COC)

Applicants are encouraged to review the detailed descriptions of the volunteer positions available at www.campquality.com

YEAR-ROUND SUPPORT PROGRAMS

In addition to the week-long camps, Camp Quality Canada also provides year-round support programs to Campers. As such, a number of programs occur outside of the camp week including family outings, family camp and visits to Campers by Camp Quality Canada volunteers. If you would like to participate in Camp Quality Canada year round support programs, please indicate below, what type of contact would you prefer to have with Campers (Check all that apply)?

- Telephone
- E-mail
- Visits to Camper's home/hospital
- Outings with Camper

The support program(s) to which a volunteer is assigned will be at the discretion of Camp Quality Canada

VOLUNTEER EXPERIENCE

Are you available to attend an in-person interview? Yes No

Have you previously volunteered with Camp Quality Canada? Yes No

If yes, for how many years (prior to 2010)? _____

PREVIOUS EXPERIENCE (NEW APPLICANTS ONLY)

Have you previously volunteered at or were you ever employed by a children's camp or youth organization other than Camp Quality? Yes No If yes, please complete the information below:

<i>Year(s)</i>	<i>Organization</i>	<i>Supervisor</i>	<i>Contact Information</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHARACTER REFERENCES

Please provide TWO (2) character references from whom you know that can describe your suitability for Camp Quality Canada volunteer positions. Please provide each of your references with a copy of the Character Reference Form that is enclosed with this Volunteer Application Package. Camp Quality Canada may contact these references to verify your experience and qualifications. References may NOT be relatives and must be from persons who have known you for a minimum of two (2) years. Please note that returning volunteers of 2 or more years need not submit a character reference form.

1. Name: _____ 2. Name: _____
Address: _____ Address: _____

Phone: _____ Phone: _____
Relationship: _____ Relationship: _____

Is there a Camp Quality Canada volunteer who can give you a reference? Yes No

If yes, whom? _____

RULES OF CONDUCT

Please read carefully. If you are offered a volunteer position with Camp Quality Canada, you will be required to acknowledge that you have read the rules of conduct. In that regard, each applicant agrees to comply with the rules of conduct and understands that disciplinary action may be taken against anyone who had breached the rules of conduct.

- I agree not to discuss alternative treatments with any child at camp.
- I agree to hold all private information on campers and their families in confidence.
- I agree not to promote any health food diet at camp.
- I agree not to bring tobacco, alcohol or any illegal substance to camp.
- I understand no religious faith may be promoted at camp.
- I understand that a view of a living Creator and a life after death are of vital importance to some of our campers, and I can and will support them in this hope.
- I agree to attend the comprehensive training workshop to be held prior to camp.
- I agree to abide by all guidelines in the Volunteer Training Manual, COC Manual and/or Healthcare Team Manual.
- I agree that all first aid, even on a minor nature, and all medicines including non-prescription drugs (i.e. Aspirin) must be administered by a health care professional.
- I agree not to communicate directly or indirectly with the media with regard to Camp Quality Canada Staff and Campers, or release any photographs and will direct all such requests to the Camp Director.
- I give Camp Quality Canada permission to publish photographs of myself.
- I agree not to post any photographs, journals or blogs, kept during Camp, at any Camp Quality event or my personal visits with a camper on the Internet, Facebook, MySpace, Twitter or any other social networking site.

DECLARATION

By signing this declaration, I hereby declare that I have never been convicted of any offence related to the abuse/assault of children and I have never been listed on any Child Abuse Register or any similar registry in any jurisdiction and, I understand that any action on my part which compromises the safety of any camper, or reflects adversely on Camp Quality Canada, will be grounds for my immediate dismissal from the Camp and, I understand I must provide the results of a Police Record Check to Camp Quality Canada prior to being accepted as a volunteer with Camp Quality Canada.

Signature: _____ Date: _____

DISCLOSURE AND CONSENT FOR USE OF INFORMATION & AUTHORIZATION FOR TREATMENT

For valuable consideration, CAMP QUALITY CANADA allowing me to work as a Volunteer at Camp 2010, and Camp Quality Canada year round support programs, I, _____ (name), acknowledge and agree to the following:

1. I agree to the collection by, use by and disclosure to Camp Quality Canada its health care team, consulting physicians, and third parties (“Camp Quality Canada”) of the personal information I have provided for the purposes described therein in the Volunteer Application Package.
2. I agree to the collection, use and disclosure of the personal information I have provided to provide services that Camp Quality Canada offers, to obtain medical and emergency care if required, to support promotional information (i.e. fundraising) and to facilitate ongoing communication.
3. I understand that Camp Quality Canada will not share my information with third parties; or divulge information to other organizations or individuals for the purpose of self or product promotion under any circumstances other than described herein.
4. I understand that Camp Quality Canada will endeavour to honour any reasonable request that I make to access, review, amend or withdraw the personal information collected.
5. I give my permission to the medical personnel of Camp Quality Canada or to the medical personnel selected by Camp Quality Canada to act on my behalf and administer the necessary medical care that I need, including transportation by employees, officers or agents of Camp Quality Canada for medical care. It is understood that all attempts possible will be made to contact my emergency contact in the event that emergency care or otherwise is required, but no guarantees can be given that contact will be possible before medical care is required to be given.
6. I agree that I will notify Camp Quality Canada if I have a change in health status during the three week period prior to arriving at Camp.
7. I represent that the personal information and health record provided in this Volunteer Application Package is correct and complete as far as I know. This form shall remain in full force and effect until it is withdrawn or amended in writing by me.

This form shall bind me, my representatives, successors and/or administrators.

Volunteer’s Name

Volunteer’s Signature

Date Signed

Witness’ Name

Witness’ Signature

Date Witnessed

The information provided by the applicant in this application will be retained and used by Camp Quality Canada in providing services, to obtain medical and emergency care if required, to support promotional information (i.e. fundraising) and to facilitate ongoing communication. By providing this information, the applicant consents to the collection, use and disclosure of this information by Camp Quality Canada.