

## Volunteer Counsellor and CIT Application Form for 2017

Please complete the following information if you would like to be either a Volunteer Counsellor or a CIT at Camp McDougall this summer. All forms must be returned by **June 15, 2017**. The training sessions for all staff including Volunteer Counsellor and CIT's will be held from June 28th to June 30th, 2017 (tentative dates). There is no cost for training sessions.

The minimum age requirement for Volunteer Counsellors is 15.

The minimum age requirement for CIT's is 15.

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

School: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Which position are you applying for? (check): Volunteer Counsellor \_\_\_\_\_ CIT \_\_\_\_\_

Please list your Camp experience-either as a camper or staff member. Include name of camp.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to be a Volunteer Counsellor or CIT at Camp McDougall?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the names of two references-

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have any experience or qualifications that might help please list, eg. canoeing, swimming qualifications, outdoor survival skills, leadership skills, CPR, etc.

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Please indicate the week(s) you would be available to work at Camp McDougall this summer. This is contingent upon the successful completion of the training session.

<u>Camp</u>	<u>Ages of Campers</u>	<u>Dates</u>	<u>Available</u>
Junior Co-Ed Adventure	7-10	July 2-July 7	_____
Intermediate Co-Ed Adventure	11-13	July 9-July 14	_____
Junior Co-Ed Outdoor Skills	8-10	July 16-July 21	_____
Intermediate Co-Ed Outdoor Skills	11-13	July 23-July 28	_____
Co-Ed MAD (Music-Vocal, Arts, Drama)	9-13	July 30-Aug. 4	_____
Co-Ed Recreation	11-13	Aug. 6-Aug. 11	_____
Co-Ed Out Trip (Off Site Canoe Trip)	12-14	Aug. 6-Aug. 11	_____

Signature of Applicant: \_\_\_\_\_

Signature of Parent/Guardian (if under 18) \_\_\_\_\_

Date: \_\_\_\_\_

**The Application Form, Statement of Disclosure Form if under 18 ( found on Page 3) and Staff Health Form (found on Page 4 and 5) must be submitted by June 15, 2017.**

**Send to: S. Dewar, 405 Morin St., Sault Ste. Marie, ON P6C 3E7 or e-mail to s\_dewar@shaw.ca**

## **Camp McDougall 2017-Statement of Disclosure Information**

If you are 18 or older, a Vulnerable Persons Record Check is required.

If you are under 18, the following Statement of Disclosure Form is required.

### **Statement of Disclosure**

By signing this statement, I am declaring that I have never committed a crime against or involving children. This includes, but is not exclusive to harassment, sexual harassment or any crimes of a violent nature. If I am uncertain of whether my past actions are in violation to the statement above, I agree that I will discuss my situation with the Camp Director.

\_\_\_\_\_  
Volunteer Counsellor/CIT (Print)

\_\_\_\_\_  
Volunteer Counsellor/CIT (Signature)

\_\_\_\_\_  
Parent or Guardian (Print)

\_\_\_\_\_  
Parent or Guardian (Signature)

\_\_\_\_\_  
Witness (Print)

\_\_\_\_\_  
Witness (Signature)

Date: \_\_\_\_\_

Note: Any information collected is subject to the terms and conditions of the Privacy Act, and will be kept confidential.

**Camp McDougall – Staff Health Form 2017 (Page 1)**

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

OHIP Health Card No: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone No. \_\_\_\_\_

Allergies & Treatments: (Camp McDougall is a nut-aware environment.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any medical or disabling conditions which would prevent full participation in Camp activities?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is medication required while at Camp? Yes \_\_\_\_\_ No \_\_\_\_\_

Medication	Dosage	Frequency/Time
Medication	Dosage	Frequency/Time

Date of Last Tetanus Shot: \_\_\_\_\_

Special Dietary Needs: (Note: Lifestyle dietary choices that require individual menu preparation cannot be accommodated.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contacts:**

Parent/Guardian (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Emergency Contact(s):

1. _____	_____	_____
Name	Relationship	Phone Number
2. _____	_____	_____
Name	Relationship	Phone Number

## **Camp McDougall – Staff Health Form 2017 (Page 2)**

### **CONSENT TO TREATMENT: (If under 18 years of age)**

1. I authorize staff of Camp McDougall to provide medical attention to my child, if needed. I agree to accept financial responsibility for any medical expenses in excess of the benefits allowed by Provincial health and/or other insurance plans where:
  - i.) the health and well-being of my child is involved;
  - ii.) The medical advice has been such that further service is required, services that require the consent of the parent/guardian;
  - iii.) Where all attempts to contact the parent/guardian have failed, or where, due to the nature of the emergency, there is insufficient time to contact such parent/guardian, it shall be at the discretion of the Camp Director as to what steps are taken for the welfare and safety of the applicant.
2. Thessalon Hospital is our primary emergency provider.
3. In the case of surgical emergency and we are not available for consultation, I hereby give permission to the physician selected by the Camp Director or Designate to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child as named above.
4. I hereby give permission for Camp McDougall's Health Personnel to administer over-the-counter medication in case of minor injury and/or illness during my child's stay at Camp. I also give permission for Camp Staff to provide Standard First Aid to my child as appropriate.
5. I give permission for Epinephrine to be administered as ordered by a physician to my child in case of anaphylactic (serious allergic) reaction.
6. I agree that all the information given on the form is complete and accurate.

### **SIGNATURE REQUIRED FOR EMPLOYMENT**

I have read, understood, and accepted the consent to treatment as stated above.  
The information I have provided is true and accurate.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The undersigned acknowledges that Camp McDougall activities will take place on and off camp property and includes, but is not limited to hiking, camping, canoeing, swimming and games involving physical contact. The undersigned hereby releases camp, its Directors, Officers, Employees, Agents and Volunteers from all liability, howsoever caused, for damages or injuries suffered by the staff member/volunteer or by any member of the undersigned's family.

Signatures

Staff Member: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

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