

Camp NeeKauNis
40 NeeKauNis Road
Waubashene, Ontario, Canada
L0K 2C0
705.538.2357

...find yourself at



Staff Application Form

Please return with all signatures to your Director or Personnel Clerk.

If you are under 18, your parent or guardian must sign in three places *.

Confidential when signed.

Name: _____

D.O.B. if under 18: (yyyy/mm/dd) _____

Address: _____

Postal Code: _____

Telephone(s): home: _____ cell: _____ e-mail address: _____

PART A - FOR THOSE VOLUNTEERS WHO WILL BE WORKING WITH CHILDREN

Do you attend a Quaker Meeting or Worship group? Y N Which one: _____

If yes, please ask your clerk, recording clerk, or treasurer to be your referee, and give name and best contact number here. _____

For those not involved in a Meeting. Please give one reference from an institution that knows your work with children and that is not a personal reference. Please provide contact information.

1 _____

Are you a returning volunteer? Y N

If yes, please give the names of Camp Directors or members of the Camp NeeKauNis Committee with whom you have worked:

2 _____ 3 _____

If no, please give the names and contact information for two people who have known you for more than two years.

2 _____ 3 _____

Staff Form Page 2

Camp program for which you are applying. (Please see the Camp Program schedule at www.neekaunis.org): _____

Positions for which you are applying:

<input type="checkbox"/> Kitchen Staff	<input type="checkbox"/> Choreperson	<input type="checkbox"/> Childcare
<input type="checkbox"/> Program Staff	<input type="checkbox"/> Cabin Leaders	<input type="checkbox"/> Senior Lifeguard
<input type="checkbox"/> Junior Lifeguard	<input type="checkbox"/> Boat Caretakers	<input type="checkbox"/> Camp Directors
<input type="checkbox"/> Head Cooks	<input type="checkbox"/> Work Project Leaders	<input type="checkbox"/> Friendly Adult Presence

Experience or training relevant to the above position: Lifeguards require current National Lifesaving Certificates and Boating Certification is strongly advised. Food Handler's Certificate advised for kitchen workers; boating, first aid, leadership, or other training are welcome. Please let us know!

Certificates: _____

S.I.N. if paid staff: _____

Special diet or other requirements:

Please list all allergies:

Please bring your health card and any necessary medicines. If you are under 18, please see page 3.

Police Records Checks

You are required to have a Police Records Check (also known as a Vulnerable Sector Check) if you are in a position of authority or working directly with children under the age of 18. This includes: Directors and Cooks with teen staff; Cabin counsellors; Lifeguards; and Program Staff Leaders. **Please contact your local police service for details about the application and what records will be searched as this varies across the province. The police check belongs to you.** In the City of Toronto, you will require a waiver from Camp to proceed. Please contact the Camp/TPS Contact Person, at wilson_yangk@yahoo.ca for this waiver and other instructions.

Please send a copy of the VS check to Camp NeeKauNis c/o 91a Fourth Ave, Ottawa ON K1S 1P3 Attn: Staff Support. If you have submitted a copy of your police check in a prior year, please let your director know.

Staff Form Page 3

Please give the name, address and phone number of a parent, guardian or other responsible adult to be contacted **in case of emergency**.

Name: _____

Address: _____

E-mail: _____

Phone(s): (home) _____ (business) _____

Relation to applicant: _____

Medical Information for staff under the age of eighteen

Health plan name and number*

It is optional to give this information. If you would like to have your child retain the Health Card while at Camp, please let us know

Personal physician: _____

Phone: _____

Prescription Medication: Please send a separate list of medications and directions for its use. Please indicate anything else you would like us to know about your child.

Medical emergencies

In case of emergency, I hereby give permission to the physician selected by the *Director of the camp to secure* proper treatment, including hospitalization, drugs, *injections, anaesthesia, surgery, for my child as noted* above.

*Signature _____ Relationship: _____ Date: _____

Travel arrangements

For applicants under eighteen not traveling with parents, please note that you should have with you a letter, signed by your parent or guardian (and in the case of out-of-country applicants, notarized by a lawyer), giving you permission to travel to Camp, and covering such possibilities as border-crossings.

Staff Form Page 4

PART B - FOR ADULT VOLUNTEERS NOT INTENDING TO WORK WITH CHILDREN

What volunteer work are you offering to do for Camp?

Which sub-committee will your work be supervised by?

Physical Development

Other (please specify)

Do you attend a Quaker Meeting or Worship group? Y N

If yes, which one: _____

If yes, please ask your clerk, recording clerk, or treasurer to be your referee, and give name and best contact number here:

For those not involved in a Meeting. If no, please give the names and contact information for two people who have known you for more than two years.

1 _____

2 _____

Are you a returning volunteer? Y N

If yes, please give the names of a Camp Director or member of the Camp NeeKauNis Committee with whom you have worked:

Please provide the name of a reference who can affirm your suitability for the volunteer work:

1 _____

Staff Form Page 5

PART C - FOR ALL VOLUNTEERS

I have read the policies and procedures of Camp NeeKauNis [FAQs and Facts (www.neekaunis.org)] I agree to abide by the policies and procedures of Camp NeeKauNis while I am present at Camp. Camp NeeKauNis will provide training and review sessions as needed and I will attend them. The time of these sessions will be arranged by Camp Committee and the session Director(s).

I will respect the privacy of staff and campers and will not engage in wilful gossip that could harm their integrity or the integrity of Camp. When there is a need to report acts of bullying and harassment or deliberate damage, illicit drug or alcohol use, sexual or physical abuse, I understand that I **must report** and will be given options to whom to report. Camp will follow-up on any report according to its policies, CYM policies and the laws of the Province of Ontario. I am aware that there are sending home consequences to some Camp policies.

I will not be alone with any camper under the age of 18 without a second person present or in clear view of others. I will provide supervision for person(s) without police checks who may be working with campers when asked by the Director.

Staff Signature: _____ Date: _____

*Parent or Guardian Signature _____

Hold harmless agreement

I, _____, as a staff person or as parent or guardian or a staff person at Camp NeeKauNis of Canadian Yearly Meeting of the Religious Society of Friends for the period of

_____, agree to hold harmless Camp NeeKauNis, Canadian Yearly Meeting, its insurers, and its agents and volunteers in its camping programmes, against any expense relating to a claim for injury or loss to myself through any of them, unless caused by their intentional act. I make this agreement willingly on behalf of myself and anyone who could claim damages on my behalf.

Date: _____ * Signature: _____

Staff Form Page 6

Camp NeeKauNis agreement:

Camp NeeKauNis will provide a safe working environment for paid and volunteer staff and campers through its published policies and within the regulations of the Province of Ontario. Any personal information obtained from your referees or through a VS check will be held in confidence. Camp NeeKauNis will retain only personal information relating to your service: name, contact information, and date of service. Camp NeeKauNis will safeguard your files. Camp NeeKauNis will provide training for tasks and policies. We value you and your service to Camp NeeKauNis.

Date: _____ Signature of Director or Clerk of Personnel: _____

Clerks, Subcommittee Clerks or Directors' Use Only:

Returning Staff: Y N Police Check Copy on file: Y N

Interview: Y N Date:

References contacted: Y N

Parent Signature: Y N

Policy Review/Training attended: Y N Date: yyyy/mm/dd

Lifeguard Letter of Offer Accepted Date: yyyy/mm/dd

Lifeguard Certification on File: Y N

Paid Staff SIN on file: Y N

Comments:

Signature of Director/Personnel Clerk/Clerk:

Date:

Confidential when filled.