



# CAMP STEPPING STONES VOLUNTEER APPLICATION

ALL INFORMATION IS STRICTLY CONFIDENTIAL

## Section 1

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

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

Telephone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_

T-shirt size \_\_\_\_\_ or Returning volunteer do not need a t-shirt \_\_\_\_\_

Please list any special dietary needs: \_\_\_\_\_

What Volunteer Position(s) are you interested in?

Cabin Leader     Memory Activities     Camp Nurse     Weekend Support/Extra

What is your availability? (Please refer to volunteer position description for time commitment specifics)

\_\_\_\_\_

## Section 2

Educational Background: \_\_\_\_\_

Employment:

1. \_\_\_\_\_  
Dates Of Employment

2. \_\_\_\_\_  
Dates Of Employment

3. \_\_\_\_\_  
Dates Of Employment

Please describe previous volunteer experience:

\_\_\_\_\_

\_\_\_\_\_

Have you ever volunteered at a camp before? \_\_\_ Yes \_\_\_ No

If yes, what was your role?

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What experience do you have working with children?

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Have you experienced any personal losses? Please tell us about those losses.

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Why do you wish to volunteer at Camp Stepping Stones this year?

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Hobbies, interests, special talents (i.e. artistic, musical):

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

**VOLUNTEER HEALTH HISTORY**

Person to notify in an emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers \_\_\_\_\_

Do you have any medical conditions that we should be aware?  
\_\_\_\_\_

Do you have any physical or emotional limitations? \_\_\_Yes \_\_\_No If Yes, Please explain:  
\_\_\_\_\_

Are you currently under a physician’s care for a medical problem? \_\_\_Yes \_\_\_No

Are you restricted from participating in any physical activity? \_\_\_Yes \_\_\_No

I know of no health reasons, other than information indicated on this form, why I should not participate in any of the Camp Stepping Stones activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Authorization for Emergency Medical Treatment:**

Should a medical emergency arise during my participation in Camp Stepping Stones and I am unable to speak for myself, I authorize Camp Personnel to contact 911 and I agree to pay all costs associated with emergency medical services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please send completed application to:**

**Sandra Milotte**  
[smilotte@ierha.ca](mailto:smilotte@ierha.ca)  
**120-6<sup>th</sup> Ave, Box 250**  
**Gimli, MB R0C 1B0**  
**Phone: 1.855.494.7369**  
**Fax: 204.642.4924**

# CAMP STEPPING STONES VOLUNTEER APPLICATION

## Section 4

### REFERENCES

Please list the names, address, and phone numbers of 3 references, 2 of which can be personal references, 1 being a present or former supervisor.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

In what capacity and how long have you known this person?

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

In what capacity and how long have you known this person?

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

In what capacity and how long have you known this person?

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

\_\_\_\_\_  
Signature

**All volunteers at Camp Stepping Stones are in a position of public trust, therefore must satisfy a security check which includes the following:**

Criminal Record check: you must attend the Winnipeg Police Service or local RCMP Detachment to obtain a Criminal Record Check.

Vulnerable Sector Check: you must attend the Winnipeg Police Service or a local RCMP detachment to obtain a Vulnerable Sector Check.

Child Abuse Registry Check: obtained and completed with Camp Stepping Stones Committee members

Adult Abuse Registry Check: obtained and completed with Camp Stepping Stones Committee members

PHIA Pledge: complete at volunteer orientation/prior to Camp

You will be responsible for any service charges incurred for the above checks. All required safety checks must be dated within the last 12 months.

To obtain a request letter to waive the fee of the Criminal Record Check/Vulnerable Sector Check, please contact Sandra Milotte at 1-855-494-7369 or [smilotte@ierha.ca](mailto:smilotte@ierha.ca)