



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: _____

Day Camp

Weekend Camp

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?

What experience do you have working with children?

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

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

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

Signature: _____ Date: _____

Section 3

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:

**Barb Ramsay
bramsay@ierha.ca
100 Easton Drive
Selkirk MB R1A 1C9
Phone: 1.855.494.7369**

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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. **Require a fee waiver form, from IERHA Coordinator.**

Vulnerable Sector Check: you must attend the Winnipeg Police Service or a local RCMP detachment to obtain a Vulnerable Sector Check. **Same form as stated above.**

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 Barb Ramsay at 1-855-494-7369 or bramsay@ierha.ca