

# 2010 Summer Camps



## VOLUNTEER APPLICATION PACKAGE

ANGLICAN DIOCESE  
OF EDMONTON

10035-103 Street  
Edmonton AB T5J 0X5  
Phone: (780) 439-7344 Fax: (780) 439-6549

**VOLUNTEER JOB APPLICATION**  
**2010 CAMP SEASON**

*Please complete this application in full. Applications will not be considered until all parts are completed.*

**PERSONAL INFORMATION:**

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Parish: \_\_\_\_\_

Denomination: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you prefer a hoodie  or a t-shirt ? Size: Adult S / M / L / XL / XXL

How long have you lived in Alberta? \_\_\_\_\_

Please give your previous address, if in Alberta less than five years

\_\_\_\_\_

**PLEASE LIST THE POSITION(S) AND CAMP(S) YOU ARE APPLYING FOR:**

Position: \_\_\_\_\_ Camp(s): \_\_\_\_\_

Position: \_\_\_\_\_ Camp(s): \_\_\_\_\_

**THE FOLLOWING IS A LIST OF CAMPS AND THE SCHEDULED DATES:** *(For descriptions of the camps, please see the camper brochure)*

- July 18-24, 2010: Base Camp, (Grades 7 to 9)
- June 30-July 4, 2010: Camp Explore (Grades 10-12)

Do you intend to participate in the summer camps as a camper this year?  
YES  NO  If yes, which camp(s)? \_\_\_\_\_

**MEDICAL INFORMATION:**

Please complete the medical information portion of the application. Please print legibly.

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

Date of Birth : \_\_\_\_\_ Gender: M  F

Alberta Health Care Number: \_\_\_\_\_

Other Insurance Information: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

1. Do you have any ongoing illness? \_\_\_\_\_

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

2. Are you currently on or needing any medications? Please list and bring, ***in the original container*** with the original label attached any prescription and ***non-prescription medications*** (Tylenol, Tums, Gravol, herbal remedies, etc.) the participant may need, with written instructions for administering the Medication. \_\_\_\_\_

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

3. Do you have asthma or hay fever? How severe? \_\_\_\_\_

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

4. Do you have a condition that requires a special diet? \_\_\_\_\_

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

5. Are there any conditions, concerns or special instructions we should be aware of? \_\_\_\_\_

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**If there is not enough room on this form,  
please feel free to attach additional pages.**

**For those under 18 years of age, please have your parents read  
and sign!**

In case of emergency every reasonable effort will be made to contact parents/guardians and then the emergency contact person. In the event I cannot be reached; I hereby give permission to the medical person selected by the camp staff to provide treatment for my child. I state that all relevant and important information is listed below.

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

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**EDUCATION:**

Institution Attended: \_\_\_\_\_

Location: \_\_\_\_\_ Level attained: \_\_\_\_\_

**VOLUNTEER EXPERIENCE:**

Describe any current and past volunteer experience, community and church involvement: \_\_\_\_\_

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What do you feel you have to offer the children in our camping program? \_\_\_\_\_

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**SPECIAL SKILLS:**

Please list any hobbies, interests or special skills that you bring to your volunteer experience? (i.e. musical abilities, first aid, CPR, second language, etc.): \_\_\_\_\_

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

**OTHER INFORMATION**

The Director(s) of the camp(s) you have applied for will be reviewing your application. Is there anything else you would like them to know about you before the personal interviews are conducted? \_\_\_\_\_

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

**REFERENCES**

Please provide names that you have known for two years or more in any of the following capacities: present/past employers, coworkers, volunteer supervisor, parish priest, personal friend or relative. Information for each contact must be complete.

I grant permission to contact any of the following references:

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

1) Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

2) Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

3) Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ PostalCode: \_\_\_\_\_

HomePhone: \_\_\_\_\_ WorkPhone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

I hereby certify that the information on this application form is accurate, and I grant permission to verify any of the above information.

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

**WAIVERS:**

IF THE APPLICANT IS **UNDER 18** AT THE TIME OF CAMP:

I also give permission for photographs/created materials of my child to be used in advertising of the Anglican Diocese of Edmonton Summer Camps.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

Date: \_\_\_\_\_, 2010

IF THE APPLICANT IS **18 OR OLDER** AT THE TIME OF CAMP:

I also give permission for photograph of me and / or my created materials to be used in advertising of the Anglican Diocese of Edmonton Summer Camps.

SIGNATURE OF APPLICANT: \_\_\_\_\_

Date: \_\_\_\_\_, 2010

**OVER 18**

PLEASE READ CAREFULLY - YOU ARE SIGNING AWAY LEGAL RIGHTS  
PLEASE READ CAREFULLY

YOU ARE SIGNING AWAY LEGAL RIGHTS

As a precondition and in consideration of my attendance at and participation in the Activity referred to on the reverse side hereof:

- 1 I acknowledge that the Activity may expose me to foreseeable and unforeseeable risks and dangers which may be inherent in the nature of the Activity or result from human error or negligence on the part of the persons preparing, organizing and leading the Activity.
- 2 I acknowledge that these risks and dangers may result in personal injury or damage to or loss of personal property.
- 3 I assume and accept all of these risks and dangers.
- 4 I release and waive all claims against the Synod of the Diocese of Edmonton, its parishes, and diocesan and parish its employees and volunteers arising out of my attendance at and participation in the Activity.
- 5 I agree to indemnify the Synod of the Diocese of Edmonton, its parishes, and diocesan and parish employees and volunteers for all claims, costs and expenses which any of them may incur as a result of my attendance at and participation in the Activity.
- 6 I understand that I have a right to and am **encouraged to seek independent legal advice before** I sign this Agreement.
- 7 This Agreement benefits and binds the Diocese and me, and our respective heirs, executors, administrators, successors and assigns.

| PARTICIPANT'S<br>NAME<br>(if 18 or older) | SIGNATURE | DATE | SIGNATURE OF<br>WITNESS |
|---|-----------|------|-------------------------|
|   |           |      |                         |
|   |           |      |                         |
|   |           |      |                         |
|   |           |      |                         |

**UNDER 18**

PLEASE READ CAREFULLY - YOU ARE SIGNING AWAY LEGAL RIGHTS  
PLEASE READ CAREFULLY  
YOU ARE SIGNING AWAY LEGAL RIGHTS

As a precondition and in consideration of each Child's attendance at and participation in the Activity referred to on the reverse side hereof:

- 1 I acknowledge that the Activity may expose my Child to foreseeable and unforeseeable risks and dangers which may be inherent in the nature of the Activity or result from human error or negligence on the part of the persons preparing, organizing and leading the Activity.
- 2 I acknowledge that these risks and dangers may result in personal injury or damage to or loss of personal property.
- 3 I assume and accept all of these risks and dangers on behalf of my Child.
- 4 I release and waive all claims against the Synod of the Diocese of Edmonton, its parishes, and diocesan and parish employees and volunteers arising out of my Child's attendance at and participation in the Activity.
- 5 I agree to indemnify the Synod of the Diocese of Edmonton, its parishes, and diocesan and parish employees and volunteers for all claims, costs and expenses which any of them may incur as a result of my Child's attendance at and participation in the Activity.
- 6 I understand that I have a right to and am **encouraged to seek independent legal advice before** I sign this Agreement.
- 7 This Agreement benefits and binds the Diocese and the undersigned, and our respective heirs, executors, administrators, successors and assigns.

| PARTICIPANT'S NAME<br>(if under 18) | SIGNATURE OF CHILD'S PARENT OR GUARDIAN | DATE | SIGNATURE OF WITNESS |
|-------------------------------------|---|------|----------------------|
|                                     |   |      |                      |
|                                     |   |      |                      |
|                                     |   |      |                      |
|                                     |   |      |                      |



## **Before you send this in, have you.....**

- Completed all pages of this application, including the required applicant or parent signature and signatures on the Waiver Form?**
- Completed a Police Security Clearance Check (Edmonton residents) or a security clearance from your local RCMP (outside the city) since Summer 2007? If you need help with this please call the Synod Office at 439-7344.**
- Completed a Child Welfare Record Check since Summer 2007?**

**When all of the above are complete please**

**Mail your application package to:**

**Anglican Diocese of Edmonton Summer Camps**

**10035 – 103 Street**

**Edmonton AB T5J 0X5**

**Any questions please call (780) 439-7344.**