This form will be placed on the staff members permanent personnel file at the camp office

2017 CAMP ARTABAN VOLUNTEER STAFF APPLICATION AND CONTRACT

1058 Ridgewood Drive, North Vancouver BC, V7R 1H8
Tel: 604-980-0391 E-mail: office@campartaban.com

LAST NAME	FIRST NAME	DATE OF BIRTH (YYYY-MM-DD)
ADDRESS		
HOME PHONE	WORK PHONE	CELL / ALTERNATE PHONE NUMBER
E-MAIL ADDRESS	CHURCH AFFILIATION:	APPLICATION DATE:

POSITION INTERESTED IN
Is there a specific camp session you are interested in?
What age range/gender are you interested in working with?
Is there a specific position you are interested in?
Do you have specific skills that you can teach/lead?

REFERENCES (Give names, addresses and telephone numbers of two persons (not relatives, having knowledge of your character, experience and ability)

NAME	ADDRESS & CITY	TELEPHONE NUMBER	POSITION

Purpose of Camp Artaban - Camp Artaban's purpose is to challenge children, youth, and adults, spiritually, mentally and physically in a camping context; so that they may be brought into a closer relationship with God and each other in a loving community. Objectives include Christian community, worship and religious education as well as the typical camp and outdoor program goals.

Continue on a separate sheet of paper if necessary.

How do you see yourself contributing to the achievement of these objectives and to the faith aspects of Camp? (Briefly)____

____

What training or certification do you have that relates to Camp Artaban and our programs? (Attach paper if needed) ____

____

What experience have you had that relates to Camp Artaban's programs (paid or volunteer)?__________________

____

____

DECLARATION: By signing this document I certify that:

I have read, understand, and accept my volunteer job description. I have read, understand and accept the purpose, goals and objectives of Camp Artaban and agree to measure my service to these expectations. I am familiar with the policies relating to my job and program area at camp. I have no criminal record and no pending criminal charges which I have not disclosed to the Camp Artaban Society through my director and the Volunteer Management Committee. The information above and in my application is true and complete to the best of my knowledge. I give the camp permission for photographs of myself to be used in future camp promotional material.

STAFF SIGNATURE:________________________________ **DATE:**________________

If you're under the legal age of 19 years old, parent/guardian must sign and will be contacted by Camp Artaban.

CAMP ARTABAN 2017 STAFF HEALTH RECORD

ALL INFORMATION IS KEPT CONFIDENTIAL. PLEASE ANSWER ALL OF THE QUESTIONS.

Name ____ **Session Name/Date** ___________________________

Date of Birth: YYYY __________ **MM**_______ **DD** _______ **Height:** __________ **Weight:** __________

Phone (H) __________________________ **(W)** _______________________ **Email:** __________________________

Emergency Contact ____ **Phone:** _________________________

Family Doctor: ____ **Doctor's Phone:** _________________________

Date of last Tetanus shot: _________________________ **Care Card#** ______________________________________

1. ARE YOU SUBJECT TO / DO YOU WEAR (check all that apply):

☐ EAR INFECTIONS (L) or (R)	☐ DIARRHEA	☐ SEIZURES
☐ MOTION SICKNESS	☐ NIGHTMARES	☐ CONTACT LENSES/GLASSES
☐ HEADACHES	☐ SLEEPWALKING	☐ HEARING AID
☐ CONSTIPATION	☐ BEDWETTING	☐ OTHER PROSTHESIS _____________________

2. DO YOU HAVE ALLERGIES? (attach additional information if needed)

   Medication: _______________________________ Reaction: ____

   Food: ____________________________________ Reaction: ________________________________ Epipen? _________

   Other (i.e. bees) ___________________________ Reaction: ________________________________ Epipen? _________

3. DO YOU HAVE A PROLONGED HEALTH CONDITION? (diabetes, epilepsy, deafness, asthma, etc., or any physical limitations) ____

   ARE ANY ACTIVITIES TO BE RESTRICTED? PLEASE DESCRIBE FULLY:

   ____

   ____

4. **MEDICATIONS:** PLEASE BE SURE TO BRING ALL NECESSARY PRESCRIPTIONS TO CAMP. OUR HOSPITAL IS STOCKED WITH BASIC MEDICINES AND FIRST AID SUPPLIES ONLY. **IMPORTANT: PLEASE SEND ALL MEDICATION IN ORIGINAL CONTAINER WITH PATIENT NAME, NAME OF MEDICATION, DOSAGE AND DOCTOR. ALL MEDICATION WILL BE COLLECTED BY THE NURSE ONCE THE CAMPERS ARRIVE AT CAMP.**

   MEDICATION: ____

   ____

5. DO YOU HAVE ANY SPECIAL DIFFICULTIES? DO YOU REQUIRE ANY EXTRA ASSISTANCE? IF SO, PLEASE DESCRIBE:

   ____

6. DO YOU HAVE ANY DIETARY RESTRICTIONS? YES ☐ NO ☐
   PLEASE LIST: (meat, dairy, eggs, etc.) ____

NOTE-CAMPERS FROM HOMES WHERE THERE HAS BEEN RECENT DIARRHEA, OR WHO HAVE HAD DIARRHEA DURING THE THREE WEEKS BEFORE THEIR CAMP, CANNOT BE ACCEPTED WITHOUT A LETTER FROM THE FAMILY PHYSICIAN.

IF YOU HAVE ANY SPECIAL NEEDS OR CONCERNS YOU WOULD LIKE THE NURSE TO BE AWARE OF, PLEASE E-MAIL OUR HEALTH/SAFETY NURSE DIRECTLY AT health@campartaban.com ANY TIME. YOU CAN ALSO CONTACT THE CAMP OFFICE AT 604-980-0391. ADDITIONAL INFORMATION MAY BE SUBMITTED ON A SEPARATE SHEET.

RELEASE OF LIABILITY:

I certify that the information provided is correct and that the applicant is physically, mentally and emotionally fit to attend camp. I give permission for photographs of the camper to be used in future camp promotional material. I recognize that there is some element of risk in any adventure, sport or activity associated with outdoor activities in a wilderness area such as Camp Artaban. I understand and agree that in case of accident, sickness or undisclosed condition or inappropriate behaviour of the camper during camp, the camper is responsible for any expenses incurred. (It can cost up to $190 for water taxi to Horseshoe Bay.) I give permission for the camp nurse or health worker to take any measures deemed necessary to maintain my health while at Camp Artaban, including any necessary emergency measures should they be unable to contact my family doctor or discuss it with me at the time of an emergency. I release the Diocese of New Westminster, the Board of Directors of the Camp Artaban Society and their respective officers, employees, volunteers and agents from liability for claims for injuries or property loss arising from my attendance and participation in activities at Camp Artaban. I further agree to indemnify the said Board of Directors and hold them harmless from any such claims.

SIGNATURE: __________________________ PARENT/GUARDIAN SIGNATURE (if under 19): ____________________________