



**2009 Application Package**  
New Staff

**Camp Wendake (Huron for: A place set apart) is the only camp of its kind in Canada. Wendake is a camp for persons living with HIV/AIDS whether they are adult or child, single or coupled, and their extended families including their immediate caregivers.**

**We are looking for people who are team players and who are willing to take initiative and get involved in the life and building of the Wendake community. We hope that you will be a part of Camp Wendake 2009.**

**Our needs and expectations are diverse. The areas in which we are seeking volunteers are as follows:**

Cabin Leader	Waterfront Staff
Kitchen Support Staff	Children's Programmer
Medical / Nursing Staff	Kitchen/Dining Hall Support Staff
Complementary Therapy Provider* (Massage Therapy, Reiki, Reflexology, etc.)	Maintenance Support Staff
Program Staff (offering a special skill or ability)	
Other (call to discuss)	

- Complementary Therapy Providers who may not be available for the full week are still most welcome.

**We would ask you to indicate the days/times available on your application.**

**Camp runs from Sunday, August 23<sup>rd</sup> at 4:00 pm to Saturday, August 29<sup>th</sup> at 4:30 pm inclusive.**  
(Campers arrive on Monday afternoon, leave Saturday morning.)

**Our camp training and staff orientation will take place on Friday, June 5<sup>th</sup> 7:00 pm to Saturday, June 6<sup>th</sup> at 4:30 pm at the Bayfield site.**

**In order to form a cohesive staff team, it is imperative that you are committed to these times before applying for a position.**

**Another item to note is: No pets are allowed at camp.**

**The policy which bans the use of alcohol and illegal substances during camp will be enforced strictly. Staff and campers are expected to remain on site throughout the week except for program excursions. If you have any questions, please feel free to contact me at the address below, or call or e-mail. Also please take the time to check out our website [www.campwendake.org](http://www.campwendake.org)  
Interviews will commence in March.**

Sincerely,  
*Dayle Allan*

**Dayle Allan, Staff Director, Camp Wendake, 190 Queens Avenue, London, Ontario, N6A 6H7  
email: [volunteer@campwendake.org](mailto:volunteer@campwendake.org) phone: 519 765-1525**

**Included in Package: 1. Staff Application, 2. Roles and Responsibilities of Camp Staff  
3. Staff Contract 4. Letter for Police Reference Check**

**Send pages 2-12 inclusive. Retain page 13 for Police Records Check and page 1 for your records**

**WENDAKE STAFF APPLICATION ( New Staff )**

**Please complete and return form to:**

Camp Wendake  
c/o Dayle Allan  
Staff Director,  
190 Queens Avenue, London, Ontario, N6A 6H7  
Phone: (519) 765-1525  
Email: [volunteer@campwendake.org](mailto:volunteer@campwendake.org)

**Before completing this application, please check the following dates. It is imperative that you be available on these days in order to be considered for staff placement.**

On Site Training – Bayfield	Friday, June 5th at 7:00 to Saturday June 6th at 4:30 pm.
CAMP – Bayfield	Sunday, August 23 <sup>rd</sup> at 4:00 p.m. to Saturday, August 29th until 4:30 p.m.

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ POSTAL \_\_\_\_\_

PHONE: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Please indicate best time to contact \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

My age as of August 1<sup>st</sup> 2009 will be within the following range: (Please check one)

- 18-20   
21-30   
31-35   
36-40   
41-45   
46-50   
51-60   
Wise One

My Shirt Size (Please check one)

- XS   
S   
M   
L   
XL   
XXL   
XXXL

Please consider my application for the following position (to be determined through the interview process):

Positions

- |   |  |
|---|--|
| <input type="checkbox"/> Cabin Group Leader                   | <input type="checkbox"/> Waterfront Staff                    |
| <input type="checkbox"/> Children’s Programmer                | <input type="checkbox"/> Kitchen / Dining Hall Support Staff |
| <input type="checkbox"/> Kitchen Staff                        | <input type="checkbox"/> Arts & Crafts                       |
| <input type="checkbox"/> Medical / Nursing Staff              | <input type="checkbox"/> Complementary Therapist             |
| <input type="checkbox"/> Other (please call to discuss) _____ |  |

Program Staff \_\_\_\_\_

Available:  full-time, or  as noted (dates, times) \_\_\_\_\_

Area of Expertise: \_\_\_\_\_

Complementary Therapy Provider \_\_\_\_\_

Area of Expertise: \_\_\_\_\_

If additional space is required for your responses to the following questions, please feel free to use the bottom of this form, or an additional sheet.

Camp Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HIV / AIDS and/or Hepatitis Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you see as the value of a camping experience for people living with H.I.V.?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel that you could contribute to this experience?

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How do you imagine your life will be enhanced by this experience?

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Qualifications (First Aid, CPR, Lifesaving, Canoeing, Waterfront, etc. – Please include a copy of any current certificates):

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Skills / hobbies that would be an asset to our program (e.g. archery, music, drama, maintenance, experience with persons with special needs): \_\_\_\_\_

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Do you have any mental or physical conditions that may interfere with your participation in camp life? (Note that most buildings are accessible for those in need of wheelchairs or physical support).

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I have or can arrange my own transportation to training and to camp:  Yes  No

I can provide transportation to others from my area if need:  Yes  No

**References (3 required please):**

1. Name: \_\_\_\_\_

How do they know you?  Personal or  Professional \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Best time(s) to call: \_\_\_\_\_

2. Name: \_\_\_\_\_

How do they know you?  Personal or  Professional \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Best time(s) to call: \_\_\_\_\_

3. Name: \_\_\_\_\_

How do they know you?  Personal or  Professional \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Best time(s) to call: \_\_\_\_\_

*Additional Comments (add additional pages if needed):*

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**I certify that every attempt has been made to provide accurate information on this application.  
I understand that I will be required to supply a police background check and that no information will  
appear on that report that would hinder my application.**

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_

## **THE ROLES AND RESPONSIBILITIES OF THE CAMP STAFF**

**The staff are volunteers selected by the Staffing Committee. They will work as a team to develop and foster a positive experience for all campers and staff.**

### **As a volunteer staff person:**

- I will support the vision, values, rules, safety regulations and emergency procedures of the camp**
- I have a desire and ability to work outdoors**
- I am able to deal with stress and pressure**
- I will work in a positive team relationship with all staff and campers**
- I will be a positive role model with respect to language, appearance, clothing, punctuality and duties**
- I will adhere to the community expectations as agreed upon in the Staff Contract**
- I will immediately inform Staff Director if I am unable to attend camp once selected as a camp volunteer**
- I agree to live in residence and not to leave camp while camp is in session**

### **My Duties will include:**

- Reporting all camp community issues to my Leader/Supervisor and assisting if necessary, in the resolution.**
- Attending all orientation training and staff meetings, during on site staff training and camp week.**
- Identifying and attending the needs of the campers.**
- Actively developing interaction between campers and staff**
- Teaming with other leaders to supervise mealtime protocols and behaviours**
- Performing camp chores as assigned.**
- Assisting the end of camp cleanup and closing routine.**

### **My Duties may include, but are not limited to:**

- Supervising, leading and instructing camp activities**
- Ensuring daily cabin routine and clean-up are completed.**

### **Training**

**I have committed to attend ALL training listed below,**

**On site – Bayfield: Friday, June 5th from 7:00 pm to Saturday, June 6th until 4:30 pm**

**I agree to attend Staff Orientation/Training, to live in residence, not to leave camp and to be available as a volunteer while camp is in session.**

**I have read, understood and will uphold the Mission Statement, Vision and Values of Camp Wendake**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**

## **STAFF CONTRACT & COMMUNITY EXPECTATIONS**

I, \_\_\_\_\_, agree to uphold the following community expectations for everyday living while attending Camp Wendake.

As a volunteer staff member of Camp Wendake, I will respect the rights, dignity and worth of others. I will be sensitive to differences in gender, ability, religion, race, sexuality and socioeconomic status.

### **Participation**

I will participate as fully as possible in all activities. To this end, I will get sufficient rest and see to my daily nutritional needs.

### **Property**

I will show concern and respect for both the natural and created environment at camp, as well as the property of others. I understand that damage due to pranks is unacceptable and that all equipment such as fire extinguishers, smoke alarms, camp vehicles and waterfront markers will not be tampered with. Should I become aware of broken or damaged equipment, I will report it

### **Leaving Camp**

I will remain on camp property at all times unless participating in supervised off-site programs.

### **Acts of Aggression**

No forms of assault, harassment, or other instances of exerting power over another will be tolerated. If I witness or experience any form of emotional and or physical abuse at camp, I will speak to my Staff Director or Camp Director. I understand that physical acts of aggression on my part will lead to my dismissal from the camp with the possibility of police involvement/charges being laid.

### **Substance Use**

I realize that Camp Wendake is generally a smoke-free environment and that smoking is not permitted in any camp building. I realize that there will be designated smoking areas at camp and that if I wish to smoke, I will use a designated smoking area. I will not consume any alcoholic beverages during my tenure at camp, whether on site or off site. Being intoxicated or under the influence of non-medical or illegal drugs at any time during my stay at camp will result in my dismissal. All prescription or over-the-counter drugs which I require during my stay at camp, including vitamins and aspirin will be stored in the nursing station

### **Language**

Images on clothing and musical lyrics that are hurtful or offensive to others, that humiliate, stereotype or label should not be brought to camp. I will share my feelings towards others without resorting to swearing, sarcasm or belittling remarks.

### **Relationships and Sexual Behaviour**

Close relationships and friendships may develop at camp. Should a relationship develop, the focus of my energies will be to fulfill my duties as a staff person. Any sexual expression of my relationships must be consensual and discrete and affect only the participants. Sexually intimate relationships between campers and staff are not acceptable and will lead to the dismissal from camp of both parties.

### **Agreement**

I agree to respect the safety and rights of my fellow participants and the larger camp community.

I agree to notify the Staff Director as soon as possible if I am unable to attend.

I agree to release Camp Wendake, all staff and organizers, as well as Huron Church Camp and the Anglican Diocese of Huron of any responsibility in case of accident and/or injury during my stay at camp.

**I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE PRECEDING CONDITIONS**

Signed \_\_\_\_\_ Date \_\_\_\_\_



Valid OHIP Number: \_\_\_\_\_ Version Code: \_\_\_\_\_

Expiry Date (On some OHIP cards): \_\_\_\_\_

Drug Plan: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of plan: \_\_\_\_\_

and Drug Plan Number: \_\_\_\_\_

Current Medical History

Immunization Record (*For your own protection, your immunizations should be up-to date.*)

Date of Last Immunization  
Meningitis \_\_\_\_\_

Tetanus / Polio \_\_\_\_\_

Hepatitis Vaccine (A - B) \_\_\_\_\_

Current State of Physical and Mental Health

\_\_\_\_\_  
Name of Institution holding medical file: \_\_\_\_\_

Phone Number of Institution: \_\_\_\_\_

Name and Phone of Treating Physician: \_\_\_\_\_

Phone Number of Treating Physician: \_\_\_\_\_

**Mobility:**

Please rank the following from 1-3

1- Independent, 2 - Some assistance, 3 - one on one

Required Assistance

Indoors \_\_\_\_\_

Outdoors \_\_\_\_\_

Stairs \_\_\_\_\_

Dressing \_\_\_\_\_

Eating \_\_\_\_\_

I can manage an upper bunk. Yes \_\_\_\_\_ No \_\_\_\_\_

I require wheelchair accessibility. Yes \_\_\_\_\_ No \_\_\_\_\_

I require additional personal assistance with: \_\_\_\_\_

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Allergies Yes \_\_\_\_\_ No \_\_\_\_\_ (List below, please.)

(\*\*if you use an epi-pen for severe allergies (ie: bee stings), please remember to bring it to camp with you. A second pen is also desirable!))

Drugs (Example: penicillin):

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Plants: \_\_\_\_\_

Insect Bites: \_\_\_\_\_

(Bring your own medication for allergies)

Animals: \_\_\_\_\_

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Specific Food Allergies: \_\_\_\_\_

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**Dietary Restrictions**

Vegetarian: Yes \_\_\_\_\_ No \_\_\_\_\_ Vegan \_\_\_\_\_

Lactose Intolerant: Yes \_\_\_\_\_ No \_\_\_\_\_

Diabetic: Yes \_\_\_\_\_ No \_\_\_\_\_

Medication: Yes \_\_\_\_\_ No \_\_\_\_\_

*(If yes, DON'T forget your medication!)*

Diet Control: Yes \_\_\_\_\_ No \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

***MEDICAL CONSENT:***

*I, \_\_\_\_\_, give my consent to the medical staff of Camp Wendake, prior to my arrival, to procure necessary information relevant to my medical condition, emergency contact confirmation, to judge the necessary treatment required, to transport to a local hospital in case of an emergency and to provide the necessary surgical/medical treatment required if necessary.*

*I am able to self-medicate, however if a time arises such that the RN assess that this is no longer possible then a decision will be made either to have the nurses dispense the medications for me or I will be sent home.*

### **USE OF MEDICINAL MARIJUANA:**

*I understand the use of marijuana is prohibited at camp. I recognize there **only three exceptions to this rule** and that is to produce a MMAR card, a Compassion Card from my region, or an official Doctor's note. I have provided a photocopy of this documentation with my application and will produce the official documentation upon my arrival at Camp Wendake's Nurse's Station. (Club Meds) I understand that failure to produce this documentation is equal to not having a card. Use of marijuana without appropriate documentation is a violation of Camp Wendake regulations and the Community Expectations Contract I have signed, and I risk being asked to leave camp immediately and at my own expense.*

*I also understand that in accordance with both the CNO (College Of Nurses Of Ontario) and the Ontario Camping Assoc. (OCA) medical marihuana will now need to be locked up at Club Meds like all of the other medications but can be retrieved at my leisure.*

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

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

### **MEDICATIONS/TREATMENT REGIMEN**

**Note:** Please include all substances, prescribed or over the counter. **NEW for 2009** : protocols necessary for both the CNO (College Of Nurses Of Ontario) and the Ontario Camping Assoc. (OCA) necessitate the following changes:

**\*\*Staff need a detailed pharmacy printout that includes medications, dosage and number of times given i.e. BID, TID, or PRN of all prescribed meds. This will take the place of the handwritten list we had been using and can be picked up from your pharmacy.**



**Staff Director  
Camp Wendake  
190 Queens Avenue,  
London, Ontario, N6A 6H7  
dims@amtelecom.net**

**March, 2009**

**To Whom it May Concern,**

\_\_\_\_\_ has applied for a staff position at Camp Wendake.  
The Camp runs from August 23rd to August 29th, 2009. This placement is a volunteer  
position  
A Police Records Check is required for all staff.

**Sincerely,**

*Dayle Allan*

**Dayle Allan  
Staff Director  
Camp Wendake  
190 Queens Avenue,  
London, Ontario, N6A 6H7  
519 765-1525**