



2009 Application Package

(returning 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 personally 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

Kitchen Staff

Kitchen/Dining Hall Support Staff

Maintenance Support Staff

Other (call to discuss)

Complementary Therapy Provider* (Massage Therapy, Reiki, Reflexology, etc.)

Waterfront Staff

Children's Programmer

Medical /Nursing Staff

Programme Staff (offering a special skill)

- 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 23rd at 4:00 pm to Saturday, August 29th 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 5th at 7:00 pm to Saturday, June 6th 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 : 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

Sincerely,

Dayle Allan

Dayle Allan, Staff Director, Camp Wendake, 190 Queens Avenue, London, Ontario, N6A 6H7

email: 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 2-10 inclusive. Retain page 11 for Police Records Check and page 1 for your records.

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

Area of Expertise: _____

Complementary Therapy Provider _____

Area of Expertise: _____

Changes in Qualifications from previous year

**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: _____

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):

Plants: _____

Insect Bites: _____

(Bring your own medication for allergies)

Animals: _____

Specific Food Allergies: _____

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 staff position is a Volunteer position. A police records check is required for all staff positions.

Sincerely,

Dayle Allan

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