

Hey Everyone,

Another summer is here and Camp McDougall looks forward to another camping season. The following forms must all be completed prior to the CiT week which runs from July 2nd at 7pm to July 7th at 10am.

Please fill out the Application Form and Health form. Please have two references filled out by appropriate people. Teachers and Employers are good options.

If you are 18 or older as of Sept. 1 2012, you will be required to have a Police Reference Check completed by the local Police Dept. before coming out to CiT.

If you will be 17 or younger as of Sept. 1 2012, then you need to fill out the following Statement of Disclosure form.

Please contact Michelle Clarke at Camp McDougall to let her know you are interested in joining us for CiT week. Please complete these forms and bring them to CiT week. If you have the forms completed and wish to send them ahead of time please send them to the following address no later than June 22nd.

Camp McDougall

c/o Michelle Clarke

General Delivery

Thessalon, ON

POR ILO

Statement of Disclosure:

By signing this statement, I am declaring that I have never committed a crime against or involving children. This includes but is not exclusive to harassment, sexual harassment or any crimes of a violent nature. If I am uncertain of whether my past actions are in violation to the statement above, I agree that I will discuss my situation with the Camp Director and at least one Assistant Director.

Name (Print)

(Staff member/Volunteer) (Print)

(Staff member/Volunteer) (Sign)

(Parent or Guardian) (Print)

(Parent or Guardian) (Sign)

(Witness) (Print)

(Witness) (Sign)

(Date)

Camp McDougall Volunteer Application Form

Applicants must be 16 years of age or older as of Dec. 31 2012 and must have at least some previous leadership training. It is expected that Volunteer Counselors will attend Pre-Camp Training Sessions.

Name: _____

Phone: _____

Address: _____

Email: _____

Birth date (mm/dd/yy): _____

Age: _____

School: _____

Present Grade: _____

Church _____

Member (y/n): _____

Camp Experience:

As a Camper:

1) Name of Camp: _____ 2) Name of Camp: _____

Number of Years Attended: _____ Number of Years Attended: _____

As a Staff Member:

1) Name of Camp: _____ 2) Name of Camp: _____

Number of Year(s) Worked: _____ Number of Years Worked: _____

What do you like most about camp?

What do you like least about camp?

If applicable, what did you like most about counseling at a summer camp?

If applicable, what did you like least about counseling at a summer camp?

Leadership Training Experience:

List any relevant leadership experience that you feel will help you as a counselor:

Camp McDougall is a United Church Camp. With this in mind, how could you contribute to the spirituality of Camp?

CiT week for the 2012 season begins on July 2nd at 7pm to July 7th at 10am.

If you have a conflict with the CiT week, please contact Michelle. On the lines below, please indicate the weeks you are available to work between July 8th, and August 24th.

On the back of the page, please briefly describe your strengths and weaknesses; what you can contribute to the Camp McDougall Community; why camp is important to you; and, what you expect to gain from your camping experience this summer.

Return this application to:

Camp McDougall
General Delivery
Thessalon, ON
P0R 1L0

Camp McDougall – Written Reference Form

Applicants Name: _____ Position Applied For: _____

Name of Reference: _____ Phone #: _____

Address: _____

How long have you known the applicant and in what capacity?

How do you feel about this person providing care to children in a summer camp setting?

What special skills, knowledge, or attitude would this person bring to our camp?

Please comment on the applicant’s ability to handle stressful situations.

Please rate the applicant on the following:

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Leadership Skills	_____	_____	_____
Reliability	_____	_____	_____
Communication Skills	_____	_____	_____
Ability to work in a team	_____	_____	_____
Ability to accept feedback	_____	_____	_____
Relationship with peers	_____	_____	_____
Trustworthiness	_____	_____	_____

Other comments you feel are relevant to this application:

Signature _____ Date: _____

Please return this form by June 30 to
Michelle Clarke
C/O Camp McDougall.
Thessalon, ON P0R 1L0

Camp McDougall – Staff Health Form

Name: _____

Health Card: _____

Family Doctor: _____ Telephone: _____

Allergies & Treatments: _____

Do you have any medical or disabling conditions which would prevent full participation in Camp Activities?

Is medication required while at Camp? Y_____ N_____

Medication	Dosage	Time to be Given
Medication	Dosage	Time to be Given

Medication	Dosage	Time to be Given
Medication	Dosage	Time to be Given

Date of Last Tetanus Shot: _____

Special Dietary Needs:

Alternate Emergency Contacts:

1. _____

Name Phone Number

2. _____

Name Phone Number

The undersigned acknowledges that Camp McDougall activities will take place on and off camp property and includes, but is not limited to hiking, camping, canoeing, swimming and games involving physical contact. The undersigned hereby releases camp, its Directors, Officers, Employees, Agents and Volunteers from all liability, howsoever caused, for damages or injuries suffered by the staff member/volunteer or by any member of the undersigned's family.

Signatures

Staff Member: _____

Parent/Guardian (if under 18): _____

Date: _____