



Nova Scotia Firefighters' Burn Treatment Society

Post Office Box 481, Dartmouth Main, Dartmouth, Nova Scotia, B2Y 3Y8,
Phone/Fax (902) 835-0166, email: nsffbts@nsffbts.ca,
Web Page: www.nsffbts.ca

CAMP CONNECT COUNSELOR APPLICATION

Name (last) _____ (first) _____

Home Address _____

(City) _____ (Postal Code) _____

Home Phone _____ Business Phone _____

E-Mail _____

Date of Birth _____

Present Occupation _____

Education _____

Previous Volunteer Experience _____

In case of emergency notify _____

Phone _____ Relationship _____

Pertinent Medical Information(i.e. diabetes, epilepsy, angina) _____

Allergies _____

Health Card Number _____

Effective Date _____ Expiry Date _____

"Taking Pride in Helping Others"

CAMP RELATED AREAS OF KNOWLEDGE, SKILL, AND EXPERTISE

Please list recreational activities, hobbies, sports, etc. in which you possess knowledge, skill, or expertise that could be used in planning and supervising camp programs and activities:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

What contributions do you think you can make at camp?

Write a brief biographical sketch, including specialized training in camping, and experiences or training in other fields which might have a bearing on the counselor position for which you are applying.(if more space required attach extra page)

What certifications do you possess?

CPR_____ EMT_____ ACLS_____ LIFE GUARD_____

OTHER_____

REFERENCES

List below two (2) persons, other than family members, who you have known for at least six months and to whom we may refer. Please write their complete mailing address, including Postal Code and telephone numbers.

Name:_____ Phone_____

Address_____

_____ Postal Code_____

Name:_____ Phone_____

Address_____

_____ Postal Code_____

CONFIDENTIALITY AGREEMENT (SIGNED AT THE INTERVIEW)

I, the undersigned, a volunteer at the Nova Scotia Firefighters' Burn Treatment Society Summer Burn Camp, acknowledge that all information of a confidential or private nature regarding campers, including names, nature or cause of injuries, or any personal data which may come to my knowledge or attention in the course of my volunteer service, will be kept by me in the strictest confidence. I understand that disclosure of any of the above information may be either cause for review or termination of my position as a volunteer at the camp.

Signature_____

Witness_____

Dated _____ day of _____ 20_____

WAIVER AND CONSENT

The undersigned as a volunteer counselor attending the Nova Scotia Firefighters' Burn Treatment Society Burn Camp:

1. Releases and waives all claims or rights of action against agents, volunteers, and employees of Camp Scotian Glen, the IWK health Centre, the QEII Health Sciences Centre, The Nova Scotia Firefighters' Burn Treatment Society, in any way related to the participants at camp.
2. Indemnifies all the parties mentioned above from any loss, damage, or liability which they may suffer in any way related the participant's attendance at camp.
3. Consents to routine medical treatment while the participant is at camp and to the admission to hospital upon recommendation of the staff volunteers at the camp.
4. Consent to allow the counselor to be in photographs that may be used in information pamphlets for Burn Camp presentations, or may be **used for Media Purposes**.

Signature _____ Date _____

All prospective volunteers will be checked through the Child Abuse Registry and a Police check will be carried out.

CAMP CONNECT CONFIDENTIALITY POLICY STATEMENT

Camp Connect is committed to handling any personal information that we may collect in a professional, respectful, and lawful manner with the national Personal Information Protection and Electronic Documents Act (PIPEDA).

Camp Connect collects personal information (names and addresses) for the purpose of communicating information about the Camp to its camping facilities and donors; and for fundraising activities. By providing this information, camping families give consent to the collection, use and disclosure by Camp Connect of personal information in accordance with this privacy policy. Any information collected for these purposes is for the sole use of Camp Connect and will not be made available to any other organization or agency.

Camp Connect collects personal information, including pertinent health records of children and adults using the camp, for the purposes of security and safety of campers while at the camp. Such information will be kept in strict confidence and used only in the case of emergency. Camp Connect agrees that such information will be secured in locked cabinets and/or a password-protected database, used only by authorized staff.

If at any time you have any questions about your personal information, please contact our Privacy Officer Nora-Gene Goodwin at 1-902-835-0166. A copy of this Privacy Policy is available at our website: www.nsffbts.ca