



# Nova Scotia Fire Fighters Burn Treatment Society

P.O. Box 481 Dartmouth Main, Dartmouth, Nova Scotia, B2Y 3Y8  
Ph: 902-471-4328 Fax: 902-835-0166 Email: info@nsffbts.ca



## CAMP COUNSELLOR CAMP CONNECT APPLICATION FORM

### PERSONAL INFORMATION

Last Name:	First Name:
Email Address:	
Street Address:	City:
Province:	Postal Code:
Home Phone:	Alternate Phone:
Present Occupation:	
If a Fire Fighter, how long:	Department:
Work Address:	
Drivers License Master Number:	Drivers Licence Class:

### EMERGENCY AUTHORIZATION / CONTACT INFORMATION

In the event that I, \_\_\_\_\_, cannot consent to treatment in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director, to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for me.

Signature:

Date:

### PRIMARY PERSON TO CONTACT IN CASE OF EMERGENCY

Name:	Relationship:
Phone:	Alternate Phone:
Email:	
Street Address:	City:
Province:	Postal Code:

➤ **Please ensure you have signed and dated the Emergency Authorization** ◀  
(if submitting this form electronically, signature may be done at the interview)

**MEDICAL INFORMATION**

Provincial Health Card Number:	
Family Doctor:	Phone:
Do you have any allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, specify:
Do you take medication for a particular reason? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list below:	
For your safety, are there any other medical conditions that staff should be made aware of? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list and explain:	

► If you have any medications, they should be stored out of sight and reach at all times ◀

**SECTION A**

Are you fluent in any other languages? <input type="checkbox"/> YES <input type="checkbox"/> NO	Please indicate:
Do you possess a current Lifeguard / Water Safety Certification? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please submit a copy with your application.	
Do you possess any other current type of certification which may be helpful at Camp? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please submit a copy with your application and detail below (includes CPR, First Aid, Coach Levels, etc.).	
Which age group do you prefer to work with? Place a number 1, 2, 3, in order of preference: Ages 6 – 9: <input type="text"/> Ages 10 – 13: <input type="text"/> Ages 14 – 18: <input type="text"/>	
Each Counsellor receives an adult size Camp Connect t-shirt. Select your size below: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL	
Height:	Weight:      Do you smoke? <input type="checkbox"/> YES <input type="checkbox"/> NO

## SECTION B

Have you been a Counsellor at another camp before?  YES  NO If YES, please provide details below:

Have you worked with children before?  YES  NO If YES, please provide details below:

Have you worked with burn survivors before?  YES  NO If YES, please provide details below:

Have you had experience with camp related activities?  YES  NO If YES, please provide details below:

Can you play a musical instrument, such as a guitar?  YES  NO If YES, indicate which instrument(s):

Do you have a special talent for (ie: singing, acting, etc) that children would enjoy?  YES  NO Details:

Are you outgoing and feel comfortable singing or leading songs in front of children?  YES  NO

How did you become interested in a Counsellor's position at Burn Camp?

What are your expectations or desires in becoming a Counsellor at Burn Camp?

**SECTION C**

List any activities involved with the Nova Scotia Fire Fighters Burn Treatment Society:

List any volunteer community service activities:

List any other organizational affiliations:

**REFERENCES**

List below two (2) persons, other than family members, who you have known for at least six (6) months and to whom we may contact. Please write their complete mailing address and telephone number. Also include an email address, if possible.

Name:	Phone:
Street Address:	City:
Province:	Postal Code:
Email Address:	

Name:	Phone:
Street Address:	City:
Province:	Postal Code:
Email Address:	

**VOLUNTEER SKILL SETS**

Below is a list of activities that may be offered, at our Camp. Please place a **1** by those which you feel qualified to teach and help instruct. Place a **2** by those you would like to teach and help but would require instruction. Place a **3** by those you are not interested in. Please feel free to add any activities not listed below that you may have experience doing. (Keep in mind, most activities will have more than one instructor and helper at a time.)

Crafts:  Kayaking:  Swimming:  Hiking:  Soccer:  Acting:  Volleyball:

Basketball:  Outdoor Education:  Horseback Riding:  Mountaineering:  Water Sports:

Any other activities not mentioned above:

**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, Mary-Beth Rowe, at 1-902-835-0166. A copy of this Privacy Policy is available at our website: [www.nsffbts.ca](http://www.nsffbts.ca).

**CONFIDENTIALITY AGREEMENT (Signed at the Interview)**

I, the undersigned, a volunteer at the Nova Scotia Fire Fighters 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: \_\_\_\_\_ Date: \_\_\_\_\_

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

**All perspective volunteers must submit to Child Abuse Registry and Police Criminal Record checks.**

**WAIVER AND CONSENT**

The undersigned as the burn survivor attending the Nova Scotia Firefighters Burn Camp:

- Releases and waives all claims or rights of action against agents, volunteers, and employees of Camp Scotia Glen, the Q. E. II Health Sciences Centre, the I.W.K Hospital, the Nova Scotia Firefighters' Burn Treatment Society, in any way related to the participants at camp.
- Indemnifies all the parties mentioned above from any loss, damage, or liability which they may suffer in any way related to the participant's attendance at camp.
- 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.
- Consents to be in photographs that may be used in information pamphlets for Burn Camp, or Burn Camp presentations, or may be used for media purposes.

Signature

Date

**SENDING THIS FORM BY EMAIL**

If choosing to submit this form by email the form *may* not be physically signed. If submitting this form by email without a physical signature, please read the paragraph below and check the "I AGREE" box if in agreement. Failure to check the box below (only if submitting by email) will result in rejection of the entire application form. You may disregard checking the box if submitting by email with a signature above.

I AGREE

By checking the "I AGREE" box on the left, in the absence of a physical signature, I agree to all the terms outlined in this form in its entirety. I also agree submitting this form electronically will effectively serve as my signature and will be binding as if signed in person.

If you are emailing this form, please allow a couple minutes for your computer to process the information in the form after clicking the EMAIL THIS FORM button.