



## Camp Counsellor Application

Please return as soon as possible. The earlier you return your form, the better chance you have of getting your first choice week.

### PLEASE PRINT LEGIBLY

Name: \_\_\_\_\_ Sex(circle one): MALE FEMALE  
(Surname name) (Given Name)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Age: \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
M D Year

Counsellor's HEALTH CARD NUMBER: \_\_\_\_\_

School Attending: \_\_\_\_\_ Present Grade or Year: \_\_\_\_\_

## Camp Experience

Name of Camps & years attended (list most recent first):

As a Camper: \_\_\_\_\_

\_\_\_\_\_

As a Staff Member: Camp Years Attended Position Held \_\_\_\_\_

\_\_\_\_\_

Other experience or training which would be helpful in counselling at camp: \_\_\_\_\_

\_\_\_\_\_

Are you available for the Camp Orientation on Mon. July 2<sup>nd</sup> – Wed. July 4<sup>th</sup> ? \_\_\_\_\_  
**ALL NEW COUNSELLORS MUST ATTEND ORIENTATION. THIS IS NOT NEGOTIABLE !!**

Indicate which week(s) you are UNAVAILABLE to counsel.

Week 1 – July 9 - July 14 \_\_\_\_\_ Week 4 – July 30 - Aug 4 \_\_\_\_\_  
Week 2 – July 16 - July 21 \_\_\_\_\_ Week 5 – Aug 6 - Aug 11 \_\_\_\_\_  
Week 3 – July 23 - July 28 \_\_\_\_\_ Week 6 – Aug 13 - Aug 18 \_\_\_\_\_

Are you available for the Camp Reunion on Tuesday Aug. 21<sup>st</sup> – Thursday Aug. 23<sup>rd</sup> ? \_\_\_\_\_

Indicate t-shirt size: XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

In the following list mark 'x' beside those in which you are able to participate, 'xx' beside those in which you are proficient and 'xxx' beside those in which you are qualified to instruct.

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Art         | <input type="checkbox"/> Sports             | <input type="checkbox"/> Camp Fire Programs |
| <input type="checkbox"/> Canoeing    | <input type="checkbox"/> Crafts (what kind) | <input type="checkbox"/> Dramatics          |
| <input type="checkbox"/> Group Games | <input type="checkbox"/> Native Lore        | <input type="checkbox"/> Natural Science    |
| <input type="checkbox"/> Vocal       | <input type="checkbox"/> Overnight Camping  | <input type="checkbox"/> Track and Field    |
| <input type="checkbox"/> Volleyball  | <input type="checkbox"/> Life Saving        | <input type="checkbox"/> Music(What Kind)   |

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

**Swimming Ability:**  Non-Swimmer     50m     100m     300m     Better

Swimming or Life Saving Awards held? \_\_\_\_\_

First Aid Certificate held? \_\_\_\_\_

Have you any disabilities, which prevent you from full participation in all Camp Activities? \_\_\_\_\_

State briefly your ideas concerning the personal qualities necessary to be a Counsellor. \_\_\_\_\_

- **All counsellors must attach a detailed explanation of why they wish to counsel at Camp Northern Lights.**
- **New counselors must attach two reference letters outlining the applicants' ability to be a counsellor at Camp Northern Lights.**

#### Please Note

- As previously mentioned all new counselors must attend the Orientation on July 2<sup>nd</sup> – July 4<sup>th</sup>. Any questions please call the Camp Directors, Fr. Bill Moloney at 705-745-3229 or Mr. Randy Riel at 705-742-3838.
- Have you ever had Psychiatric Guidance or have you ever consulted a Psychiatrist, Psychologist, or any other related professional? **No**  **Yes**  (if yes please attach a sheet with details in writing.)
- **EVERY HOPEFUL COUNSELLOR MUST SUBMIT A CURRENT "POLICE CHECK" WITH THEIR APPLICATION. IT IS SUGGESTED THAT ONE CALL AHEAD AND ASK WHAT IS REQUIRED. IF YOU LIVE IN A TOWN OR CITY, CONTACT THE TOWN/CITY POLICE (non-emergency). IF YOU LIVE IN A RURAL AREA, CONTACT YOUR LOCAL OPP.**

I became interested in your Camp through: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE: No application from a NEW counsellor will be accepted without two letters of reference and the police check. No application from a RETURNING counsellor will be accepted without a police check. EVERYONE must submit a letter explaining why they want to counsel.**

**Counsellor applications will only be accepted until May 1<sup>st</sup>, 2012. NO EXCEPTIONS**

# Counsellor's Health History

*(It is essential that this form be completed and returned with your application)*

**PLEASE PRINT LEGIBLY**

**Name of Participant:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth: M** \_\_\_ **D** \_\_\_ **Y** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Name of Emergency Contact:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

**Counsellor's HEALTH CARD NUMBER:** \_\_\_\_\_

**Date of Last Tetanus Shots: M** \_\_\_ **D** \_\_\_ **Y** \_\_\_\_\_

If Counsellor has had any of the following, Please Check (x)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Chicken Pox             | <input type="checkbox"/> Severe Stomach Aches | <input type="checkbox"/> Hepatitis           |
| <input type="checkbox"/> Meningitis              | <input type="checkbox"/> Hay Fever            | <input type="checkbox"/> Mumps               |
| <input type="checkbox"/> Frequent Colds          | <input type="checkbox"/> Seizures             | <input type="checkbox"/> Fainting Spells     |
| <input type="checkbox"/> Whooping Cough (recent) | <input type="checkbox"/> Sinus Trouble        | <input type="checkbox"/> Asthma              |
| <input type="checkbox"/> Rheumatic Fever         | <input type="checkbox"/> Measles, German      | <input type="checkbox"/> Diabetes            |
| <input type="checkbox"/> Epileptic               | <input type="checkbox"/> Sleep Walking        | <input type="checkbox"/> Hernia              |
| <input type="checkbox"/> Measles, Red            | <input type="checkbox"/> Heart Condition      | <input type="checkbox"/> Bed Wetting/Soiling |

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

If the participant has allergic reactions to such things as food, insect stings, etc. Please complete the following.

<b>Allergy</b>	<b>Life Threatening?</b>	<b>Allergy</b>	<b>Life Threatening?</b>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is counselor on any medication? \_\_\_\_\_ If so explain: \_\_\_\_\_

**Family Doctors Name:** \_\_\_\_\_ **Phone #:(\_\_\_\_\_)** \_\_\_\_\_

To my knowledge, my son/daughter is in good health and has not been exposed to any infectious diseases in the past four weeks. If he or she becomes exposed to any infectious disease between now and the time of departure for Camp, I understand that the Camp must be notified. In case of surgical emergency, if I am not immediately available for consultation, I hereby give permission to the physician selected by the Camp Director, to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my son/daughter as named above.

**Date:** \_\_\_\_\_ **Signature of Parent/Guardian:** \_\_\_\_\_

**Signature of Counsellor:** \_\_\_\_\_

## **WEST NILE VIRUS**

*What we are doing at Camp Northern Lights:*

1. Keeping abreast of all new information; maintaining regular contact with health officials.
2. Checking all screening on buildings and tents and installing new screens where necessary.
3. Monitor for any standing water and correct the situation.
4. Empty any equipment that can hold water.
5. Training our staff on how to deal with the issue.
6. Encouraging the campers and staff to wear light coloured clothing.
7. Encouraging the campers and staff to wear long sleeves and long pants.
8. We have three mosquito magnets for the Camp.
9. We have purchased repellent for all campers and staff which follow the guidelines of the Ministry of Health. Repellent should contain DEET (not citronella).
10. Staff will ensure repellent is applied three times per day when required.

## **INFECTIOUS DISEASE PREVENTION**

*What we are doing at Camp Northern Lights:*

1. Everyone at Camp will be required to wash their hands and will be provided with hand sanitizer before each meal.
2. Detailed hand washing instructions will be placed at the washstand.
3. Staff will be trained on how to prevent the spread of contagious diseases in our camp environment.
4. We reserve the right to become more comprehensive and restrictive with our policies.

## **PERMISSION FORMS**

I, the undersigned, hereby give permission for the administration of mosquito repellent to

\_\_\_\_\_ at Camp Northern Lights.

(Counsellors Full Name)

I am aware the Camp has obtained "OFF - FAMILY CARE" which has 7% DEET and will be administered, at most, three times per day if needed.

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

\_\_\_\_\_  
**Parent/Guardian Signature**

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I authorize Camp Northern Lights to use a photograph of my son/daughter in the Camp brochure or Camp displays (including but not limited to the Camp website).

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

\_\_\_\_\_  
**Parent/Guardian Signature**



To the Local Police Force:

The bearer of this letter is applying to be a volunteer counsellor at Camp Northern Lights for the 2012 season. The Camp requires a police check from all the counsellor applicants. Please conduct a 'vulnerable sector screening' for the bearer of this document and, if the bearer is over the age of 18, reference the 'pardoned sexual offender database'.

If you have any questions or concerns please feel free to contact one of the camp directors whose information you will find below.

We Remain,

*Randy Riel*

Mr. Randy Riel  
Camp Director  
705-742-3838

Fr. William Moloney  
Camp Director  
705-745-3229

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### **Counsellor Information Concerning Police Check:**

Those who live in the City of Peterborough or the Village of Lakefield must go to the Police Station in Peterborough for their Police Check. The Office is open Monday, Tuesday and Thursday from 8:30am to 4:30pm, and Friday 8:30am – 1:00pm. There is a charge of \$6.00.

Those who live in Peterborough County must go to the Ontario Provincial Police Station for their Police Check. Their office is open Monday through Friday from 7:30am to 4:30pm. There is no charge.

**Every applicant must bring photo identification. A driver's license is recommended.**

**Any Applicant that does not have a driver's license needs another form of photo identification such as a passport, or a photo medical card. If the applicant uses a photo student card they must also have their birth certificate with them.**

**If applicant is under 16 years of age they must be accompanied by a parent.**

**PLEASE NOTE - Police checks take at least one week to process. Please plan to obtain your police check as soon as possible.**