

REGISTRATION & APPLICATION FOR ANCHOR CAMP COUNSELLOR

Date of Camp: Sunday, August 23-Friday, August 28, 2020

LEAP Training Weekend: Friday, May 1 – Sunday, May 3 2020 **Location:** Hogan Farm, 2874 Moore Line, Brigden, ON N0N 1M0

Staff Training Days: Staff must be available at 7pm Friday, August 21, 2020 for Leadership Training. Location JP11.

Applicant Name: _____ Phone: _____

(Last) (First)

Birth Date: _____ (mm/dd/yy) Age at Camp: _____ Email: _____

Address: _____ City/Prov: _____ Postal Code: _____

Parent/Guardian Name(s) : _____

Address: (If different) _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (Day) _____ (Evening) _____ (Cell) _____

Email: _____ (Please print clearly)

Emergency Contact Name: _____ Relationship: _____ Phone: _____

PLEASE NOTE: A VULNERABLE SECTOR SCREENING (VSS) Check is required for ALL staff positions, for anyone 18 years of age and older. If you already have a **VSS Check** you may complete the '**Offence Declaration Form**' and submit it, with a copy of your **VSS Check**, as compliance with this requirement. The request form for a VSS Check is found at page 6. The Offence Declaration Form is found at page 7. Please attach documents to this application.

Certification:

Required Certification

1) *LEAP Program* REQUIRED FOR ALL POSITIONS Date completed: _____ Ongoing: _____

2) *Safe Food Handling* REQUIRED FOR KITCHEN STAFF Date completed: _____ Ongoing: _____

- See Anchor Staff Job Descriptions for detailed instructions -

3) *Lifeguard certification* REQUIRED FOR LIFEGUARD - NLS (National Lifeguard Service)

Date completed: _____

Additional certification which may be beneficial

1) *CPR Course* Date completed: _____

2) *First Aid Course* Date Completed: _____

3) Other _____ Date Completed: _____

I would like to apply for the following position(s): Choose 1 or 2 - Please indicate your preference by number. We will try to place you in the position you have requested, however, staff decisions will be made by Directors placing applicants where they are best suited.

Kitchen Staff (with 'Safe Food Handling' course) Counsellor

Counsellor in Training (CIT) Grounds Keeper

Lifeguard (with NLS) Sports Leader/ Sports Assistant

Arts & Craft Assistant Music Leader Nurse Assistant

PLEASE NOTE! ALL COUNSELLORS MUST BE 17 YEARS OLD BY DECEMBER 31, 2020.

ALL COUNSELLORS IN TRAINING (CITs) AND ASSISTANTS MUST BE 15 YEARS OLD BY DECEMBER 31, 2020.

Adult T-shirt size: Small _____ Medium _____ Large _____ X-Large _____

DIET OPTIONS:

Regular Lactose-Free* Gluten-Free*

* Can accommodate if food comes prepared.

Job related skills and training:

Please list any Special skills or Talents that could enhance the Camp Activities (ie: dance training, drawing etc):

Past work experience: _____

References (list two, with name, and telephone number):

1. _____
2. _____

Photos and videos will be taken and may be used for promotion of the activities of Family Foundations Institute. If you have concerns with this please contact us at info@famfi.ca.

CODE OF CONDUCT:

In order to ensure that the Camp Session is successful for both campers and staff members, it is your responsibility to ensure that you read the Staff manual provided at LEAP training. Failure to comply with the Standards set out in the manual could result in being sent home at your own/parents expense.

Video games, Electronics and portable music devices are not allowed at the camp since they promote social isolation.

Staff members and Parents are asked to respect, support, and enforce this policy.

I _____ agree to follow Anchor Camp Rules and Regulations regarding Dress code, conduct and Electronic use.

Applicant's signature: _____

Date: _____

Signature of parent or guardian if Applicant is under 18 years old:

Parent/Guardian's signature: _____

Date: _____



STAFF MEDICAL INFORMATION/DISCLAIMER FORM

Applicant Name: _____

(Last) _____ (First)

Birth Date: _____ (mm/dd/yy) Age at Camp: _____ Phone: _____

Address: _____ City/Prov: _____ Postal Code: _____

Parent/Guardian Name(s) : _____

Address: (If different) _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (Day) _____ (Evening) _____ (Cell) _____

Email: _____ (Please print clearly)

Emergency Contact Name: _____ Relationship _____ Phone Number: _____

Family Physician Name: _____ Phone Number: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Health Card Number: _____ Province Issued: _____

MEDICAL INFORMATION Does the applicant have any health problems such as (please circle):

Diabetes Hay Fever Epilepsy/Fainting Asthma Skin Conditions Stomach Aches

Earaches Headaches Sinus Trouble Constipation Sun Sensitivity Anxiety/Depression ADHD

Other: _____

Please explain extent of problem and treatment/control. _____

CURRENT MEDICATIONS:

Name: _____ Dose: _____ Frequency _____ Name: _____ Dose: _____ Frequency: _____

Medications will be collected by nurse, please ensure proper labeling in original containers.

Allergies: Medication (explain) _____ Food (explain) _____

Environmental (explain) _____ EpiPen: _____

MEDICAL RELEASE/TRANSPORTATION DISCLAIMER:

I, _____ hereby delegate the authority to the Directors of Anchor Camp to arrange whatever medical treatment they deem necessary during my/my daughter's stay at camp. I hereby agree that Anchor Camp shall not be responsible for any injury or loss I/she suffer(s) except insofar as any such loss is solely attributable to the negligence of the Employees of Anchor Camp acting within the course of their duties. I further consent to my/her transportation from camp to a Hospital if deemed necessary by the nurse. In addition, I consent to my/my daughter's transportation on any excursion Anchor Camp undertakes.

Signature of Applicant: _____ **Date:** _____
(If over 18 years of age)

Signature of Parent/Legal Guardian: _____ **Date:** _____
(If Applicant is under 18 years of age)

STAFF APPLICATION CHECK LIST



- APPLICATION FORM – page 1 and 2
- MEDICAL FORM – page 3
- REQUIRED CERTIFICATION, AS APPLICABLE
- VULNERABLE SECTOR SCREENING CHECK – The request form for a ‘Vulnerable Sector Screening’ Check (VSS) can be found on page 6. The ‘Offence Declaration Form’ can be found on page 7.

Please submit application by EMAIL to info@famfi.ca or MAIL to:

Family Foundations Institute – Anchor Camp, 203 Reycraft Ave, Glencoe, ON, N0L 1M0

Staff Application Deadline April 25, 2020*

***We will make staff selection at LEAP training (May 1-3, 2020)**

“As an Anchor Staff Member, you will have a great opportunity to develop yourself as a true leader while having fun and making lasting friendships. This is your chance to be a positive role model to campers! We want to get to know you and give you the necessary training to be successful in this role.”

Anchor Camp Staff Payment Structure:

ALL COUNSELLORS MUST BE 17 YEARS OLD BY DECEMBER 31, 2020

ALL COUNSELLORS IN TRAINING AND ASSISTANTS MUST BE 15 YEARS OLD BY DECEMBER 31, 2020.

All Counsellors-In-Training (CITs) and Assistants attend free of charge.

Kitchen Staff receive \$125 per week. All other HEAD positions receive a stipend (\$125).

In addition, all staff can receive an equivalent of 40 volunteer hours to fulfill high school diploma requirements.

Note: Transportation to and from the camp is not provided and will be the personal responsibility of each staff member.

famfi.ca



STAFF PACKING CHECKLIST

Enclosed is a list of items for each staff member to bring. The list has been carefully compiled so please adhere to it as closely as possible. JP2 Centre provides plastic covered mattresses for each bunk.

one jacket	two sweatshirts or sweaters	two pairs of pants (see Dress Code)
three pairs of athletic shorts (see Dress Code)	t-shirts (see Dress Code)	underwear/socks
pyjamas	Toiletries	rain gear
one pair of sturdy, athletic shoes	small knapsack for day hikes	water bottle
one pair flip flops	one-piece bathing suit ⁵	one bath towel
one beach towel	one hand towel	sleeping bag
pillow	flashlight, extra batteries	plastic laundry bag
a few clothes pegs	Book	stationary supplies
stickers	Hat	sun block
sun glasses	insect repellent	Wrist watch
medications in proper bottles	whistle with lanyard	

DRESS CODE Anchor Camp promotes and enforces a Dress Code policy. We do not allow two-piece bathing suits, mini shorts, tight clothing, spaghetti straps or low-cut tops, or tops that show off the midriff area. Any shorts worn at camp, whether athletic or not, need to be the length of a handspan above the knee. Any pants, or legging shorts, that are tight should be worn with a shirt covering the bum. **WHY IS THERE A DRESS CODE?** The dress code at Anchor Camp has been established to help our young women live modesty in their clothing so as to reflect the dignity of their bodies. Tight clothes, or shorts that are very short, reveal much of the intimate of a person's body. While our campers are children and young ladies now, this attitude of modesty in a positive sense sets them on a trajectory of living modesty and respect of their own bodies, and others, into their future as grown women and leaders of tomorrow. As a staff member you are a role model for the campers and a positive influence on them as they look up to you.

PACKING

When packing, choose a soft bag for easy storage, and clear garbage bags for sleeping bag. Please **LABEL EVERYTHING**. We keep a lost and found bin at the camp that gets emptied at the end of the week. If items are not claimed, they are donated. Please do not bring valuables to the camp AS LOST ITEMS ARE LOST!!!

CAMP LOCATION

Anchor Camp will take place at the **John Paul II Culture Centre**.

The camp address is **6679 Woodworth Road, Port Burwell, Ontario N0J 1T0**. www.jp2centre.org

IN THE CASE OF EMERGENCY

In case of an emergency the telephone number during the camp is:

Tara Costain (519) 381 2144 OR Joanna Simpson (519) 281 5412

Please note, we will return your call within the hour.

VULNERABLE SECTOR SCREENING (VSS)
WITH PREVIOUS SEX OFFENDER DATABASE (PSOD) REQUIRED
(FOR VOLUNTEERS 18 YEARS OF AGE AND OLDER)

DATE _____

To Ontario Provincial Police Detachment / Police Services of _____:

Please conduct a Vulnerable Sector Screening Check with PSOD for our applicant:

Name _____

The above named has applied for a staff volunteer position at Anchor Camp and/or Chilawee Trails. To be considered for this position, the applicant must provide a Police Vulnerable Sector Screening Check, in addition to further screening, as part of the Camp’s application process.

If this applicant is successful, she will be working with, and be responsible for, young girls under the age of 18, as a camp counsellor. This position will be a volunteer, non-paid position.

Anchor Camp and Chilawee Trails will take place in August 2020.

Thank you, _____



Brian Simpson

Executive Director, Family Foundations Institute

Reg. Charity # 878608108 (PR0001)

To the Applicant:

- You must have the VSS check completed by the Police Service of the area in which you are a resident.
- You will need two pieces of ID – one needs to be a photo (ie Drivers Licence/Birth Certificate/Passport – Health Card is not accepted as ID)
- Contact your local Police Detachment to determine if there is a cost for the check (cost may vary depending on the Police Service)

ORGANIZATION REQUESTING VSS CHECK



www.famfi.ca

203 Reycraft Ave, Glencoe ON, N0L 1M0

Contact Name: Brian Simpson

Phone: 519-872-7172



OFFENCE DECLARATION FORM

Complete either **Part A** or **Part B**, sign and date at bottom, and return.

Part A - No Offences

I, _____, *(print name)*
in the position of _____,
do certify that since the date of the Vulnerable Sector Screening Check, submitted as a condition for high risk ministry, that I have not been convicted of any offence under the Criminal Code of Canada nor had any negative police involvement.

Part B - Offences to Declare

I, _____, *(print name)*
in the position of _____,
do certify that since the date of the Vulnerable Sector Screening Check, submitted as a condition for high risk ministry, that I have been convicted of an offence under the Criminal Code of Canada or have had negative police involvement. Below are the details of this involvement:

I acknowledge that making a false statement will be grounds for discipline which may lead to the suspension of any and all of my ministries within the scope of Family Foundations Institute events and activities.

_____ .

Signature: _____

Dated this _____ day of _____, 2020.

PLEASE NOTE: A PHOTOCOPY OF THE ORIGINAL VSS CHECK MUST ACCOMPANY THIS SIGNED OFFENCE DECLARATION FORM TO BE IN COMPLIANCE WITH THE REQUIREMENTS OF FAMILY FOUNDATIONS INSTITUTE.

Please email or mail these completed documents to:

info@famfi.ca
Family Foundations Institute
203 Reycraft Ave, Glencoe, ON N0L 1M0