

Camp Bridges



Love builds bridges where there are none.

Dear Prospective Camp Bridges Volunteer,

Enclosed please find the volunteer application form for Camp 2019. If you wish to volunteer please confirm your availability by **March 29, 2019**.

Please complete the enclosed application form and forward to:

Melissa Peters

Regional Palliative Care Coordinator

Prairie Mountain Health

150-A 7th St, Brandon MB R7A 7M2

T 204-578-2340

F 204-578-2820

Mpeters2@pmh-mb.ca

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Thank you for your interest in becoming a volunteer at this camp. Camp will be held on **May 24, 25 and 26, 2019**. The camp will be held at Camp Wannakumbac at Clear Lake, MB.

Please complete and return your application by **March 29, 2019**. We will be accepting a maximum of 20 volunteers.

Our goal is to offer camp to 50 children and teens between the ages of 7 - 15 years.

Volunteers should arrive and be ready for a pre camp meeting at 5:00 pm on Friday, May 24, 2019. Supper will be provided at 6:00 pm. Volunteers should be prepared to stay until 1:30 pm on Sunday, May 26, 2019.

All new volunteers are required to attend a Volunteer Training session. This will be held on April 11, 2019 from 6:30 pm to 9:00 pm delivered by Telehealth. **Telehealth Host sites are to be determined once all applications are received. We will notify you of the closest host site in your area.**

Thank you for your support in helping to make Camp Bridges a rewarding experience for the campers who will be attending.

Please feel free to share this application with others who may be interested in volunteering for Camp Bridges. Thank you.

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The main role of the Camp Bridges Volunteer is to provide friendship and support, not grief therapy.

The volunteer is responsible to participate in all weekend activities while providing assistance and supervision as needed.

APPLICANTS ARE MUST MEET THE FOLLOWING CRITERIA:

- Must be 18 years or older and out of high school.
- Must be available for all hours of the Camp Bridges weekend.
- Volunteers who attended Camp Bridges 2018 are **encouraged** to attend the Volunteer Training session, but attendance is not required. Please confirm your attendance with Melissa Peters.
- **New volunteers or volunteers who did not attend Camp Bridges in 2018** are required to attend the Volunteer Training session.
- **New volunteers must provide a current Criminal Record Check and Child Abuse Registry Check at least one (1) week prior to camp or you will not be able to attend camp.**
- The Vulnerable Sector Check on the Criminal Record Check ***is not the same thing*** as the Child Abuse Registry Check.
- Please be aware that this process may take eight (8) weeks to complete. If you would like a form that may eliminate the cost of the Criminal Record Check please contact Melissa Peters. The Child Abuse Registry Check may be found at http://www.gov.mb.ca/fs/childfam/child_abuse_registry_form.html. You can either download the form to complete and mail in or complete on line.

We cannot accept any volunteers at Camp Bridges who do not have the required checks completed. Please ensure you start the process early enough to complete the checks.

- If you are a new volunteer and work for either health region (Prairie Mountain Health or Southern Health-Santé Sud) you may provide a copy of the Criminal Record Check and/or Child Abuse Registry Check on your personnel file. However, if you do not have either of these checks completed as part your employment process, you must provide a current Criminal Record Check and/or Child Abuse Registry Check prior to volunteering at Camp Bridges.

Returning volunteers who are unable to attend the Camp Bridges Volunteer Training session must contact Melissa Peters by April 11, 2019 if you need a new T-shirt or hoodie.

Camp Bridges Committee has the right to refuse the application of an individual who has not provided an acceptable background check.

For all volunteer applicants: please complete and return the entire volunteer application package by March 29, 2019.

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VOLUNTEER APPLICATION

Name: _____

Address: _____

Email address: _____

How Long Have You Lived At This Address? _____

** If Less Than One Year, Give Previous Address _____

Telephone # (H) _____

Telephone # (W) _____

Educational Background: _____

Employment Background:

1. _____

Dates of Employment

2. _____

Dates of Employment

3. _____

Dates of Employment

Volunteer Experience: _____

Have you ever volunteered at a camp before? Yes: No:

If Yes, in what capacity? _____

What experience do you have working with children?

How did you learn about Camp Bridges? Friend Camp Bridges volunteer Regional Representative

Other _____

Please share your reasons for wishing to volunteer at Camp Bridges. _____

What age group would you prefer to partner with? _____

Or would you prefer to be designated to an activity area rather than directly volunteering with a camper (such as arts and crafts or a sports activity)? _____

Have you experienced losses in your life? Yes: No: Please elaborate: _____

Hobbies: _____

Camp Bridges T-shirts will be distributed at Camp Bridges prior to camper arrival.
Volunteers can order a "hoodie" at a cost of \$40 through Melissa Peters.

Date: _____ Signature: _____

Volunteer Medical History

Volunteer's Name: _____

Person to Contact in Case of an Emergency: _____

Relationship: _____

Address: _____

Daytime Phone # _____ Evening Phone # _____

Do you have any medical conditions of which we should be aware? Yes: No: _____

Are you restricted from participating in any physical activity? Yes: No:

Comments: _____

I know of no health reasons, other than information indicated on this form, why I should not participate in any of the Camp Bridges activities.

Signature

Date

Authorization for Emergency Medical Treatment:

Should a medical emergency arise during my participation in Camp Bridges and I am unable to speak for myself, I consent to:

- The administration of medical treatment and/or surgical procedures deemed necessary; and
- The immediate administration of life-sustaining measures deemed necessary under the circumstances.

Signature

Date

VOLUNTEER REFERENCES (NOT REQUIRED FOR VOLUNTEERS WHO HAVE VOLUNTEERED THE YEAR PRIOR)

Volunteer's Name: _____

Please list the names, address, and phone number of 3 references, preferably 2 of which may be personal references, and 1 being a present or former supervisor.

Name: _____

Address: _____ **Phone #:** _____

In what capacity and how long have you known this person? _____

Name: _____

Address: _____ **Phone #:** _____

In what capacity and how long have you known this person? _____

Name: _____

Address: _____ **Phone #:** _____

In what capacity and how long have you known this person? _____

