



Youth Volunteer Leadership Program Application

Submit Completed Applications to:

Attention: Lacey Smith
Supervisor of Recreation Programming

MAIL	DROP OFF	EMAIL
Township of Wilmot 60 Snyder's Road West Baden, ON N3A 1A1	Customer Service Desk at: Wilmot Recreation Complex 1291 Nafziger Road, Baden, ON	lacey.smith@wilmot.ca FAX Attention: Lacey Smith 519-634-5044

Should you have any questions or like more information prior to submitting your application please contact, the Supervisor of Recreation Programming at 519-634-9225 ext. 9361

Welcome to WRC Day Camps, where fun and smiles can be seen for miles!

We are excited that you are interested in working with us this summer to deliver exceptional recreation day camps. We run camps Monday- Friday during July and August from 9:00am-4:00pm, with extended care options from 8:15 a.m. – 5:00 p.m. for the summer.

As a volunteer we expect you to be available during regular camp hours (which are 9:00 a.m. – 4:00 p.m.), and you may be assigned either an early or late shift.

As a YVLP participant, you are expected to attend a 3-hour orientation and complete online training prior to the summer session starting. During the orientation you will meet your Summer Camp Coordinator, the Summer Camp Leaders, the other YVLP's and create activity plans and help prepare whatever is left to do before camp starts!

If you have read this far and are still excited about being a YVLP then please follow the checklist below.

- ✓ Complete this application and information form and return it to the Supervisor of Recreation Programming**
- ✓ Set up an interview with the Supervisor of Recreation Programming & Summer Camp Coordinator in May (you will be contacted once your application is received)**
- ✓ Attend a 3-hour Training Session before the Summer session**
- ✓ Volunteer for your weeks**

Additional information that you need to know;

- 1. You are welcome to apply for as many weeks of camp as you want but know that you are not guaranteed those weeks.**
- 2. Each Camp swims multiple times throughout the week at the Wilmot Aquatic Centre, as a volunteer you will be responsible for swimming with two children in the guarded pools. (Note: The Coordinator, the Leaders, Lifeguards and the Supervisor of Recreation Programming are all on site during this time.)**
- 3. You will NEVER be alone with a camper. One-on-ones are strictly forbidden.**
- 4. There is a dress code in effect requiring you are in appropriate clothing and footwear during camp hours/ anytime spent with campers.**
- 5. Lastly, we could not do it without the help of our volunteers.**

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Township of Wilmot Summer Camp Information Form

Volunteer Consent Form

BE SURE TO INCLUDE FULL NAME IN FIRST COLUMN TO AVOID CONFUSION

Volunteer's Name <small>*Please check the boxes of the weeks</small>	HEIGHT <small>(inches)</small>	WEIGHT <small>(pounds)</small>	HAIR COLOUR	EYE COLOUR
Name: _____ Weeks Interested in Attending (Note: 1 is the first week of the summer) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>				

Volunteers Information:

Full Name: _____ Gender (Please Circle) M F

Age: _____ Birth Date: _____ Health Card Number: _____

Doctor's name & Phone Number: _____

Health and/or learning concerns: _____

Parent's Information:

Parent/Guardian's Full Name: _____

Home Phone Number: _____ Work Number: _____

Alternate Contact/ Cell Numbers: _____

Home Address: _____

City: _____ Postal Code: _____

PARENT EMAIL ADDRESS: day _____ evening _____

Emergency Contact Information:

1. Full Name: _____ Phone Number: _____

Relationship to Volunteer: _____

2. Full Name: _____ Phone Number: _____

Relationship to Volunteer: _____

MEDICAL INFORMATION

Special Medical Information (eg. Hearing disorder, diabetes, vision impairment, epilepsy, learning disorders):

Allergies (list severity & intervention required):

*****If medication is to be administered during program time, you will need to fill out a Medical Administration Form. These forms may be obtained from the leaders at your program site.***

PARENTAL/GUARDIAN CONSENT FORM FOR VOLUNTEER

For: (Name of Volunteer) _____

A. EXCURSIONS OFF THE PROPERTY

The child listed on the form may occasionally leave the program premises with the staff for special outings within walking distance (eg. Picnics and Trails). Program staff members are not permitted to drive participants at any time during the program, for any reason. A notice will always be posted at the Wilmot Recreation Complex to indicate the whereabouts of your child as well as the expected time of return.

Master Contacts Initials: _____

B. PROGRAM ARRIVAL AND DEPARTURE

How will your child come and go from the program?

My child will be dropped off or picked up by one of the following (*photo ID may be requested by staff*)

1) _____ 2) _____ 3) _____

****If somebody other than those individual(s) listed above is to pick up your child from the site, written consent will be required *prior* to releasing the child(ren).**

Master Contacts Initials: _____

C. EMERGENCY MEDICAL TREATMENT

In the event of an accident or illness involving my child while attending the program I hereby authorize, if I am not immediately available, the administration of any medical procedure deemed necessary by the child's physician, or any other physician selected by program staff (including lifeguards). I also give my permission for my child to be transported to the physician's office of the Hospital Emergency Department with no liability on the driver's part. An ambulance may be called to transport my child to the hospital if required; billing for the ambulance will be forwarded to the master contact specified on the registration form.

YES NO

Master Contacts Initials: _____

D. AUTHORIZATION FOR PUBLICITY

The above mentioned participant(s) may appear in advertising/publicity arranged for by the Township of Wilmot, through various media outlets including but not limited to the television, radio, slide presentations, newspapers, and other print and electronic publications.

YES NO

Master Contacts Initials: _____

E. PARENT/GUARDIAN CONFIRMATION

I have read and understood the specific program details outlined above. YES NO

If no, please specify: _____

Signature: _____ Date Completed: _____

To the extent that the foregoing information constitutes personal information under the Municipal Freedom of Information and Protection of Privacy Act, 1989, the information is collected under the authority delegated to the Township of Wilmot by virtue of the Revised Statutes of Ontario and will be used for the purposes indicated or implied by this form. Questions about the collection of personal information should be directed to The Clerk's Department, The Corporation of the Township of Wilmot, 60 Snyder's Road, Baden, Ontario, N3A 1A1. 519-634-8444.

FORM RETURN OPTIONS:

MAIL Township of Wilmot 60 Snyder's Road West Baden, ON N3A 1A1	DROP OFF Customer Service Desk at: Wilmot Recreation Complex 1291 Nafziger Road, Baden, ON	EMAIL lacey.smith@wilmot.ca FAX Attention: Lacey Smith 519-634-5044
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