



# Youth Volunteer Leadership Program Application

Submit Completed Applications to:

Attention: Lacey Smith  
Recreation Programmer

<b>MAIL</b>  Township of Wilmot 60 Snyder's Road West Baden, ON N3A 1A1	<b>DROP OFF</b>  Customer Service Desk at: Wilmot Recreation Complex 1291 Nafziger Road, Baden, ON	<b>EMAIL</b>  <a href="mailto:lacey.smith@wilmot.ca">lacey.smith@wilmot.ca</a>  <b>FAX</b> Attention: Lacey Smith 519-634-5044
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Should you have any questions or like more information prior to submitting your application please contact, the recreation programmer at 519-634-9225.

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

**We are excited that you're interesting 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 7:45 a.m. – 5:30 p.m.**

**As a volunteer we expect you to be available during regular camp hours (which are 9:00 a.m. – 4:00 p.m.), however, you are welcome to arrive any time during extended care hours.**

**As a YVLP participant, you are expected to attend a One Day Training Session, which is the last Friday of June prior to the summer session starting. This training will be held from 8:30 a.m. – 4:30 p.m. and you are to be available all day. During this training you will meet your counsellors, be trained in Township required policies and procedures, 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 Recreation Programmer**
- ✓ Set up an interview with the Recreation Programmer during the last two weeks of May**
- ✓ Attend a One Day Training Session the Friday 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 once 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: counselors, Lifeguards and the Recreation Programmer are all on site during this time.)**
- 3. You will NEVER be alone with a camper. One-on-One 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.**

**Should you have any questions or like more information prior to submitting your application please contact, the recreation programmer at 519-634-9225.**

Please ensure that this application is completed neatly and accurately.

All applicants must be 13 to 19 years of age.

(Must have completed Grade 8)

Personal Information	
Name:	
Address:	
City:	Postal Code:
Phone:	Cell Phone:
E-mail:	
School Information	
School:	Grade:
Emergency Contact	
Name:	Phone:
Relationship to Applicant:	
Why do you want to be part of the Youth Volunteer Leadership Program?	
Signature	
I, the undersigned, certify that all information contained within this application is truthful and accurate.	
Name:	
Signature:	Date:
Signature (Parent/Guardian)	
I, the parent/guardian, certify that all information contained within this application is truthful and accurate, and that I understand what my youth is applying for.	
Name:	
Relationship to Applicant:	
Signature:	Date:

All information in this application will be kept strictly confidential.

## 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
<b>Name:</b> _____  <b>Weeks Attending</b> 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):

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Allergies (list severity & intervention required):

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***\*\*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:**

<b>MAIL</b> Attention: Lacey Smith Township of Wilmot 60 Snyder's Road West Baden, ON N3A 1A1	<b>DROP OFF</b> Attention: Lacey Smith Customer Service Desk at: Wilmot Recreation Complex 1291 Nafziger Road, Baden, ON	<b>EMAIL</b> Attention: Lacey Smith <a href="mailto:lacey.smith@wilmot.ca">lacey.smith@wilmot.ca</a> <b>FAX</b> Attention: Lacey Smith 519-634-5044
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For any questions prior to the first day of camp please direct them at Lacey Smith, The Recreation Programmer at 519-634-9225, or via email at [lacey.smith@wilmot.ca](mailto:lacey.smith@wilmot.ca) .