



2011 Medical Staff Application

CONTACT INFORMATION:

Returning Staff New Staff (How did you hear about Camp?) _____

Name _____ Male Female

Address _____ City _____ Prov. _____ Postal Code _____

Birth Date ____ / ____ / ____ E-mail: _____
MM DD YYYY

Phone Home (____) _____ Cell Phone (____) _____

OTHER INFORMATION

Emergency Contact Name _____ Phone (____) _____ Relationship _____

Church Name (If Applicable) _____ Denomination _____

Attendance: Regular Occasional Seldom

Medical License # _____ **(Please attach a copy)**

Do you have a valid Driver's license? YES / NO A clean driving record? YES / NO

Have you ever been convicted of a criminal offense? YES / NO

Have you ever been investigated by the Children's Aid Society regarding any kind of abuse? YES / NO

If you answered yes to either of the last 2 questions, please e-mail details to jean@miniyowe.com

SERVICE TIME COMMITMENT

	Skills Week: July 1-9	Week 1: July 10-16	Week 2: July 17-23	Week 3: July 24-30	Week 4: July 31-Aug 6	Week 5: Aug. 7-13	Week 6: Aug. 14-20	Week 7: Aug. 21-27	Week 8: Aug. 28-Sept 3
Doctor									
Nurse									
Paramedic									

Please check one:

(You must at least serve Sunday to Saturday to receive camper discount)

- I am willing to serve Sunday 1:00pm to Saturday 10:00am
- I am willing to serve Sunday 1:00pm to Sunday 11:00am
- I am able to serve on some weekends

(Dates) _____

Preferred Location: Girls Camp (South Camp Ages 10-16) Boys Camp (Edgewoods Ages 10-16)
 Discovery Camp (Chemawa Ages 5-10)

Will you be bringing children with you to Camp? YES / NO If **yes** complete the following:

Campers (ages 5-16) NAMES: _____

Grasshoppers (ages 2 – 5) (*toilet trained*) NAMES: _____

REFERENCES (Do not list relatives)

Pastor _____ Email/Phone _____

Employer/Co-worker _____ Email/Phone _____

Adult Family Friend _____ Email/Phone _____

By signing below I am

1. Authorizing Camp Mini-Yo-We to speak to any references that I have named
2. Agreeing to the 'conditions of service' governing Camp Mini-Yo-We (see information sheet)
3. Agreeing to provide a current Police Check* and a copy of my medical license
*Current being 2009, 2010, or 2011

Signature: _____ Date: _____

APPLICATION SUBMISSION

Mail completed application to: Camp Mini-Yo-We 1878 Muskoka Rd 10 West RR2, Port Sydney, ON P0B 1L0
OR Scan/email to jean@miniyowe.com or Fax to 705-385-2633
If you have any questions, please email jean@miniyowe.com or call 705-385-2629