2012 Medical Staff Application

PERSONAL INFORMATION:

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

Name _____ ❑Male ❑Female Birth Date _____ /_____ /_____
MM DD YYYY

Address _____ City _____

Province _____ Postal Code _____ E-mail _____

Phone Home _____ Cell Phone _____

Emergency Contact Name _____Phone _____ Relationship _____

Church Name (If Applicable) _____ Denomination _____

Attendance: ❑ Regular ❑ Occasional ❑ Seldom

Do you have a valid Driver's license? Yes / No Do you have 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

MEDICAL LICENSE # _____

SERVICE TIME COMMITMENT

☑ **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 1:00pm
- ❑ I am able to serve on some weekends (Dates) _____

☑ **Please indicate your preferred Medical Position and Service Week:**

- ❑ Doctor
- ❑ Nurse
- ❑ Paramedic
- ❑ Nursing Student

❑ Staff Training Week (June 24 – 30) ❑ Skills Week (June 30 – July 7)
❑ Week 1 (July 8 - 14) ❑ Week 2 (July 15 - 21) ❑ Week 3 (July 22-28) ❑ Week 4 (July 29-Aug 4)
❑ Week 5 (Aug 5-11) ❑ Week 6 (Aug 12-18) ❑ Week 7 (Aug 19-25) ❑ PRiME (Aug 26-Sept 1)

☑ **Please indicate Preferred Location**
- ❑ Girls Camp (South Camp Ages 10-15)
- ❑ Boys Camp (Edgewoods Ages 10-15)
- ❑ Discovery Camp (Chemawa Ages 5-10)

Will you be bringing children with you to Camp? Yes/ No If **yes**, please list their names and ages: _____

_____

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 access to my medical license ***Current being 2010, 2011, or 2012***

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 office@miniyowe.com or Fax to 705-385-2633

If you have any questions, please email jean@miniyowe.com or call 705-385-2629