

## 2010 STAFF VOLUNTEER APPLICATION

### DEADLINE: MARCH 5<sup>th</sup>, 2010

Name: \_\_\_\_\_  Male  Female Birth date:     /     / 19  
Day/Month/Year

**POSITION APPLYING FOR:** Please circle one or more.

Coordinator                      Back-up                      Core                      Junior staff

**PERSONAL DATA:**

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_  
 Province: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Fax: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Home Fax: \_\_\_\_\_ Cellular: \_\_\_\_\_

**IF YOU ARE VOLUNTEERING AS A PAID EMPLOYEE:**

Your Organization: \_\_\_\_\_ Your Position: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_  
 Supervisor's Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**STAFF AVAILABILITY:**

A minimum of three separate weeks must be selected of which **only one** can be either the Grad or Pre-Teen Program in order to be considered for volunteer staffing. **Your application will be returned to you as incomplete if three separate weeks are not selected.** You may miss out on the program of your choice if three separate weeks are not provided.

JULY							AUGUST							RANK All In order of priority 1-7	
Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat		
															July 2- 8 (PRE-TEEN)
				1	2	3									July 2- 8 (GRAD)
4	5	6	7	8	9	10	1	2	3	4	5	6	7		July 8 – 14 (TEEN A)
11	12	13	14	15	16	17									July 14 – 20 (YOUTH A)
18	19	20	21	22	23	24									July 20 – 26 (TEEN B)
25	26	27	28	29	30	31									July 26- August 1 (TEEN C)
															August 1- 7 (YOUTH B)

**SKILLS AREAS:** Place an X by those areas you have skill and/or experience in.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Acting           | <input type="checkbox"/> First Aid/CPR       | <input type="checkbox"/> Wilderness Trips   |
| <input type="checkbox"/> Arts & Crafts    | <input type="checkbox"/> Musical Instruments | <input type="checkbox"/> Team Building      |
| <input type="checkbox"/> Canoeing         | <input type="checkbox"/> Story Telling       | <input type="checkbox"/> Suicide Prevention |
| <input type="checkbox"/> Camping Outdoors | <input type="checkbox"/> Sports              | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Campfire Songs   | <input type="checkbox"/> Swimming            | <input type="checkbox"/> Other _____        |

**CERTIFICATIONS:** Check those areas where you hold certification.

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Nursing (RN)        | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> EMT           | <input type="checkbox"/> Lifeguard           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Nursing (LPN) | <input type="checkbox"/> Swimming Instructor |                                      |

**REFERENCES:** Please provide the names of two people not involved in the program who would be helpful in assessing your suitability as a youth program volunteer.

Name	Address	Phone #	Relationship
1) _____	_____	_____	_____
2) _____	_____	_____	_____

**HEALTH PROFILE:**

List any **medical conditions** we should be aware of and details of their usual treatment or medications used (*i.e. / diabetes, sleep apnea, ulcers, depression, etc.*): \_\_\_\_\_

Please indicate any **allergies** you have:

food  drugs  insect stings  asthma  hayfever  other: \_\_\_\_\_

Indicate any **dietary requirements**:  vegetarian  vegan  no dairy  other: \_\_\_\_\_

Please attach any other health information that would prevent you from participating in the program.

**WAIVER & ACCEPTANCE OF TERMS:**

I recognize and am aware that during the ACCA Co-operative Youth Program I may be exposed to risks or dangers. These include, but are not limited to: forces of nature, accident, illness, outdoor sport participation hazards and allergic reactions.

I do hereby understand that in cases involving the health and well being of myself and where it appears that medical services are required, every reasonable attempt will be made to contact the emergency contact person indicated on the Health Report or their indicated alternate. In the event that such persons cannot be contacted, after reasonable attempts have been made, or in such circumstances as there is insufficient time to contact this person, it shall be at the discretion of the program staff or medical person (if available) as to what steps must be taken for my welfare and safety.

To the best of my knowledge, the information provided in the Health Report is complete and correct. I hereby agree to accept financial responsibility for any medical services in excess of the benefits allowed by any medical insurance coverage I may have.

I give permission to ACCA and the ACCA Co-operative Youth Program to use any photographs, slides or videos of my likeness participating in their programs for the purposes of marketing, promotion or display.

I have read, understand and agree to the Job Descriptions and expectations of all staff stated in the Staff Application Package provided with this application. I accept responsibility for ensuring that the Program Conditions are met and followed, and accept the consequences outlined if these conditions are not met. ACCA has the right to immediately terminate my involvement with the ACCA Co-operative Youth Program without notice should my actions be deemed as appropriate.

**By signing this waiver, I have fully read and understand the content and meaning described above.**

\_\_\_\_\_  
Name of Staff (printed)

\_\_\_\_\_  
Name of Witness (printed)

\_\_\_\_\_  
Signature of staff

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

Address of Witness: \_\_\_\_\_

RETURN APPLICATION by **March 5<sup>th</sup>, 2010** TO:

**ACCA Co-operative Youth Program**  
**Suite 104, 5013-48<sup>th</sup> Street Stony Plain, AB T7Z 1L8**  
**Telephone: (780) 963-3766 Fax: (780) 968-6733**  
**Email: [acca@acca.coop](mailto:acca@acca.coop) Website: [www.acca.coop](http://www.acca.coop)**