



an island adventure

Scouts Canada Halifax Area CAMP LONE CLOUD



APPLICATION for EMPLOYMENT



Mail Application to:

Scouts Canada - Terry Graves
377 Spring Ave., Dartmouth, NS, B2W 1X9

Position Desired: 1. _____
2. _____

Name: _____
(Last) (First) (Initial)

Mailing Address: _____
(Street / Apt. #) (City) (Prov.) (Postal Code)

Phone: _____ E-Mail: _____

A minimum requirement for all leadership positions is that you are a minimum of 16 years of age
...Are you 16 years of age or older Yes ___ No ___

A minimum requirement for several senior positions is that you are a minimum of 21 years of age
...Are you 21 years of age or older Yes ___ No ___

Are you presently registered as a member of Scouts Canada? Yes ___ No ___

In what capacity? _____ Group: _____

Do you have a Driver's License? Yes ___ No ___

Have you participated in leadership training programs? Yes ___ No ___
(specify): _____

Swimming Awards/Qualifications: _____ First Aid Qualifications: _____

Have you ever worked at Camp Lone Cloud? Yes ___ No ___

Position: _____ Year(s): _____

Earliest Date Available: _____

Applicant's Signature: _____ Date: _____

PARENTAL APPROVAL: (if applicant is under 19 years of age)
I hereby approve this application for a camp staff position.
I have reviewed the information on this form and give my permission to accept a staff position if one is offered.

Parent/Guardian Signature: _____ Date: _____

NOTE: All applications must be accompanied by the following, in order to be considered:

- Resume, including three references (names, addresses and phone numbers)
- Cover letter, including your interest in the position
- Completed and signed [Physical Fitness Certificate](#)
- Completed and signed [Parent/Guardian Consent Form](#) (as required)
- Photocopy of current first aid certification
- Photocopy of Pleasure Craft Operator Card (if completed)
- Original current Police Record Check (if 18 years old or over)
- Completed and signed [Photo/Video Release Form](#)



Scouts Canada Physical Fitness Certificate for Non Members

NOTE: This form is for use by Parent-Guardians or Volunteer Helper/Resource Persons participating in Scouting activities. This information is collected to assist the Scouter in charge should a medical emergency arise. In accordance with applicable Privacy Legislation, this information will not be used for any other purpose.

Surname: _____ Given Name: _____ Initial: _____

Date of Birth: _____ Age: _____ Male Female

Address: _____ City: _____

Province: _____ Postal Code: _____ Home Phone #: _____

Physician's Name: _____ Phone # _____ Scout Group Name: _____

*Provincial Medical Plan: _____ Insurance Coverage Held: _____

Emergency Contact Name: _____ Phone #: _____

Emergency Medical Information:

Does the applicant have any allergies? Yes No If yes, please indicate below.

- | | | | | |
|-----------------------------------|---------------------------------------|---------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Insect Bites | <input type="checkbox"/> Toxins | <input type="checkbox"/> Food | <input type="checkbox"/> Smoke |
| <input type="checkbox"/> Plants | <input type="checkbox"/> Animals | <input type="checkbox"/> Other | | |

Details: _____

Has had, please check (x)

- | | | | | |
|--|--|--|----------------------------------|---|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Mumps | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Other | |

Is subject to any of the following, check (x) and give details:

- | | | | | |
|--|---|--------------------------------------|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Headaches | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Bleeding disorders |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Ear problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hernia | <input type="checkbox"/> Back problems |
| <input type="checkbox"/> Motion sickness | <input type="checkbox"/> Cramps | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Other _____ | | | |

Details: _____

Does the participant require special care, medication or diet? Yes No

Details: _____

Date of most recent physical examination (Month and Year): _____

Date of last tetanus shot (Month and Year): _____

Swimming abilities: Non-Swimmer Swimmer (Highest Level Achieved): _____

Has it ever been necessary to restrict the applicant's activities for medical reasons? Yes No

Signed, _____ Date: _____

**Voluntary in some provinces*



Scouts Canada
Parent/Guardian Consent Form
For Category Three Activities and Out of Country Travel
 (Leaders: this is to be filed with Camping/Outdoor Activity Application)

Note: If applicant is under 18, parent or guardian must sign.

Youth's Name: _____ Phone: _____
 Address: _____ City: _____
 Province: _____ Postal Code: _____
 Parent/Guardian Name: _____

Residents of all Provinces/Territories except Quebec:

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the leader in charge, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

Residents of Quebec:

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. In the event of an emergency in which my child's life is in danger or his/her integrity is threatened, and I cannot be reached to provide consent, I agree that care may be provided to my child without my consent, as contemplated in paragraph 1 of article 13 of the *Civil Code of Quebec*. I understand that I will be notified by the quickest means possible if this authority is exercised.

IF YOU WILL BE ABSENT FROM YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING HELD, PLEASE INDICATE HOW YOU CAN BE CONTACTED:

Name: _____ Phone: _____ Cell: _____

OR **I will attend the event/activity with my child/ward.**

Permission to participate:

I the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of the activity, hereby give my permission for my child/ward to attend and participate in:

- the following event/activity: _____
- at the following location: _____
- with the following Leader in charge: _____
- on the following date: _____

I HAVE REVIEWED THE INFORMATION ON MY CHILD'S/WARD'S PROGRAM PARTICIPANT ENROLMENT FORM AND CONFIRM THAT THE INFORMATION IS UP TO DATE.

Signed, Parent/Guardian: _____ Date: _____

FOR OUT-OF-COUNTRY TRAVEL

Both Parent/Guardian's Signatures Required for Out-of-Country Travel

Signed, Parent Guardian: _____ Date: _____

1. Signed before me, _____ (name of witness), this _____ (date)
 by _____ (parent/guardian's name) at _____ (name of location).

Witness Signature: _____

Signed, Parent Guardian: _____ Date: _____

2. Signed before me, _____ (name of witness), this _____ (date)
 by _____ (parent/guardian's name) at _____ (name of location).

Witness Signature: _____



Photography Release Form

This document confirms the agreement between you and Scouts Canada regarding your participation in approved Scouts Canada activities in which you may be photographed or videotaped (the Property) from time to time.

For valuable consideration received, you hereby irrevocably grant to Scouts Canada perpetually, exclusively, and for all media throughout the world (including print, film, slides, non-theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of you as a result of your participation in approved activities of Scouts Canada.

Scouts Canada or its designee shall have complete ownership of the Property in which you appear, including copyright interests, and you acknowledge that you have no interest or ownership in the Property or its copyright. The Property will be provided to media outlets for their unrestricted use, indefinitely. Scouts Canada does not have control of the material once it is disseminated. This grant includes the right to use the Property for promoting or publicizing any of the uses.

You hereby agree that you will not bring or consent to others bringing claim or action against Scouts Canada on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on you, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. You hereby release Scouts Canada, its directors, officers, successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that you may hereafter have against Scouts Canada in connection with the Property.

This agreement shall not obligate Scouts Canada to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property.

Scouts Canada shall have the right to assign its rights hereunder, without your consent, in whole or in part, to any person, firm or corporation.

AGREED TO AND ACCEPTED this _____ day of _____, 20 ____.

Participant's Signature: _____

Witness: _____

Signature of Parent or Guardian: _____

Witness: _____

Print name of Participant: _____

Telephone Number: _____