



Volunteer Mentor Application Form

The *Volunteer Mentor Application Form* must be completed and submitted to the Ostomy Canada Camp Administrator by email at: lisa.gausman@ostomycanada.ca no later than April 15, 2022.

Successful applicants must provide a current 'Vulnerable Sector' Criminal background check in the province of residence and submitted to the Camp Administrator no later than May 31, 2022. A completed criminal check is a condition of this position, should you be unable to meet this requirement in the time frame outlined above it will result in your position being given to another applicant.

Easter Seals has mandated that all staff, campers and volunteers be required to have and show proof of two (2) doses of the COVID-19 vaccine.

1. Name: _____

2. Address: _____

3. Telephone (home, work, cell): _____

4. Email address: _____

5. Date of Birth _____

6. Education, work background or volunteer experience relevant to working with youth:

7. Have you been a camper or volunteer mentor at the Ostomy Canada Youth Camp in the past? If so, when:

8. Why do you want to be a volunteer mentor at the Ostomy Canada Youth Camp?

9. What do you feel you have to offer to the camp experience?



10. Are you a member of the Ostomy Canada Society or one of its member Chapters/Peer Support Groups?

Yes No

If yes, please indicate National membership or name of the Chapter/Peer Support Group

11. Do you have an ostomy and/or bladder condition? If so, how long have you had this procedure/condition?

12. Are you in good health and physically able to fully participate in all camp activities?

Yes No

13. Do you have CPR or first aid training?

Yes No

Date Completed _____

Please include two (2) references (not camp related)

1. _____ Phone/email: _____

2. _____ Phone/email: _____

Print Name

Signature

Date



COVID-19 Waiver and Release of Liability

Ostomy Canada Youth Camp 2022

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations and guidelines which Ostomy Canada Society (OCS) adheres to comply.

By participating in the Ostomy Canada Youth Camp, and by signing this COVID-19 Waiver and Release of Liability, I, _____ (print name) am assuming all risks, responsibility and liability concerning my safety and possible exposure to COVID-19 in connection with the Ostomy Canada Youth Camp.

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

I acknowledge that if I show signs of COVID-19, an Easter Seals Camp Horizon (ESCH) nurse in partnership with our Nurses Specializing in Wound, Ostomy and Continence (NSWOC) nurse will complete an overall assessment and test for COVID-19. If that test shows that I am positive, I will be required to make arrangements, if required, for isolation outside of the ESCH premises.

I acknowledge that OCS will not pay for, nor reimburse expenses accrued due to a positive COVID-19 test and any expense related to isolation and/or travel expense.

With full knowledge of the risk involved with COVID-19, I hereby release, waive, discharge OCS, its board, officers, volunteers, employees and assigns from any and all liabilities, claims, demands, actions, and cause of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury or death, that may be sustained related to COVID-19 while participating in any activity while in, or, or around ESCH or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

I hereby warrant that I have read this COVID-19 Waiver and Release of Liability in its entirety and fully understand its contents. I have signed this document voluntarily and of my own free will.

Print Name

Signature

Date