

## **Volunteer Mentor Application Form**

The *Volunteer Mentor Application Form* must be completed and submitted to the Ostomy Canada Camp Administrator by email at: <a href="mailto:lisa.gausman@ostomycanada.ca">lisa.gausman@ostomycanada.ca</a> no later than **March 15, 2023**.

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 1, 2023**. 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.

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 Groups?	the Ostomy Canada Society or one of its member Chapters/Peer Suppor	:t
Yes □	No $\square$	
If yes, please indicate	National membership or name of the Chapter/Peer Support Group	
11. Do you have an ostor procedure/condition?	y and/or bladder condition? If so, how long have you had this	
12. Are you in good heal Yes □	n and physically able to fully participate in all camp activities?  No □	
13. Do you have CPR or	irst aid training?	
Yes □ Date Completed	No	
Please include two (2) referen	ces (not camp related)	
1	Phone/email:	
2	Phone/email:	
Print Name		
1 rmi ivame		
Signature	 Date	_