



Day Volunteer Application Form

The *Day Volunteer Application Form* must be completed and submitted to the Ostomy Canada Camp Administrator by email at: janet.paquet@ostomycanada.ca no later than **March 30, 2026**.

All new applicants will undergo an online interview via Teams and successful applicants will be required to submit a current 'Vulnerable Sector' Criminal background check in the province of residence and submitted to the Camp Administrators no later than **May 1, 2026**. 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.

Application Information

Full name:	_____	DOB	_____
	<i>Last</i> <i>First</i> <i>M.I.</i>		<i>D/M/Y</i>
Address:	_____	Phone:	_____
	<i>Street address</i> <i>Apt/Unit #</i>		
	_____	Email:	_____
	<i>City</i> <i>Prov.</i> <i>Postal Code</i>		

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

Have you been a camper or volunteer at Ostomy Camp in the past?

Yes

No

If yes, when? _____

Why do you want to volunteer at the Ostomy Canada Youth Camp?

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

Do you have an ostomy and/or bladder condition?

Yes

No

What year was the procedure? _____

Ileostomy

Colostomy

Mitrofanoff

Jejunostomy

Cecostomy

J-Pouch

Other Please Describe _____

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

Yes

No

Have you any physical or health issues that may limit your participation in some camp activities? ie: standing for long periods of time, heat related ailments, chronic health conditions. If so, please describe.

Do you have current CPR and/or first aid training?

Yes

No

Date completed: _____

Are you a member of Ostomy Canada or an affiliated Chapter/Support Group?

Yes

No

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

The cost of meals at camp are \$20 each, I acknowledge that OCS will cover the cost of meals while at camp, but transportation costs will be limited to a gas allowance of \$25 per day.

Yes

Initial

Please indicate which days you would like to attend, and which meals you will be joining us for:

- ❖ Friday morning activities include helping campers pack and general clean up of Ostomy Canada supplies. All campers and volunteers are expected to be off-site by approximately 1pm.

<input type="checkbox"/> Sunday <input type="checkbox"/> Supper	<input type="checkbox"/> Monday <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper	<input type="checkbox"/> Tuesday <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper	<input type="checkbox"/> Wednesday <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper	<input type="checkbox"/> Thursday <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper	<input type="checkbox"/> Friday <input type="checkbox"/> Breakfast
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References

Please list two (2) references (not affiliated with Ostomy Canada Society)

Full name:

Relationship:

Email:

Phone:

Full name:

Relationship:

Email:

Phone:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature:

Date:
