



NSWOC Application Form

The *NSWOC Application Form* must be completed and submitted to the Ostomy Canada Camp Administrator by email at: janet.paquet@ostomycanada.ca no later than **February, 15 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 Administrator no later than **March 30, 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>		

Place of Employment:	_____	Credentials:	_____
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Current Work Responsibilities:

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

Have you volunteered as an NSWOC at Ostomy Camp in the past? Yes No If yes, when? _____



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

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: _____

Are you in good health and physically able to fully participate in all camp activities? Yes No

Do you have current CPR and/or first aid training? Yes No Date completed: _____

Are you trained and able to:

Run TPN	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Run enteral feeds	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Access Ports	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Access Central Lines	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I acknowledge that all camp volunteers are housed in shared dorm rooms and may be co-ed, no single rooms are available, and rooms consist of bunk beds. Yes Initial _____

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: _____