



Volunteer Mentor Application Form

The *Volunteer Mentor 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> | | |

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

Have you been a camper or volunteer mentor 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 | <input type="checkbox"/> | Colostomy | <input type="checkbox"/> | Mitrofanoff | <input type="checkbox"/> |
| Jejunostomy | <input type="checkbox"/> | Cecostomy | <input type="checkbox"/> | J-Pouch | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | 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:

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

I acknowledge that volunteers provide their services without financial compensation, contributing their time, skills and effort for the benefit of the community and Ostomy Canada Society. Ostomy Canada will arrange all transportation to and from camp, including flight and/or mileage costs.

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:
