

Location & Dates of the Camp you would like to volunteer for: _____

Our camp runs Monday – Friday, 9:00 a.m. – 4:00 p.m. Are you interested in volunteering for the entire week? Yes No
If no, please indicate your availability: _____

Volunteer Information: First Name _____ Last Name _____ Gender: Male Female

Contact Information: Phone _____ Email _____

Address _____ City _____ Postal Code _____ I prefer to be contacted by: _____

Please tell us why you want to volunteer with our organization: _____

Please tell us what you hope to gain from your experience with us: _____

Have you worked/volunteered with children & youth before? Yes No If so, what ages? _____

If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role.

What hobbies, skills, special interests or qualities do you have that may be relevant to the volunteer role? _____

Are you in a secondary student in high school? Yes No If so, what grade are you in? _____ Do you need to gain volunteer hours for school? Yes No

Name of School/Organization/Employer: _____

Primary Emergency Contact Information:

Name: _____ Relationship: _____

Work/Daytime Phone #: _____ Alternate Phone #: _____ Email: _____

Alternate Emergency Contact Information: **Please include a second emergency contact.*

Name: _____ Relationship: _____

Work/Daytime Phone #: _____ Alternate Phone #: _____ Email: _____

Medical Information: Health Card Number (**Include 2 Letter Version Code*): _____

Do you have any medical conditions, allergies or special needs which we should be aware of? Please respond No or explain the condition.
No Yes

Safety: Safety is our top priority at the Skills Work!® Summer Camps, and some camp locations may require participants to wear steel-toed work boots. Do you have access to steel-toed boots? Yes No If not, Skills Ontario has a limited supply of these in various sizes that will be made available if required. Please provide your shoe size: _____

Please submit this application form and signed code of conduct & informed consent to:

Karen Throupe: Camp Manager, Skills Ontario

7A-60 Northland Road, Waterloo, ON N2V 2B8, Phone # 807-475-6462, Email: campmanager@skillsontario.com

SKILLS ONTARIO SUMMER CAMPS

CAMP LOCATION & DATE: _____

I, _____, (the "**Applicant**"), the lawful Parent/Guardian of _____ (the "**Participant**") acknowledge that:

- (a) **Skills Canada-Ontario** is a non-profit organization providing equipment, services and/or facilities for the use of its guests;
- (b) I wish the Participant to use Skills Canada-Ontario facilities, equipment, the services of its employees and agents and transportation arranged by (the "**Skills Canada Facilities**");
- (c) The Skills Canada Facilities may be inherently dangerous.

NOW, THEREFORE, the Applicant, on behalf of himself/herself and the Participant, agrees:

- 1. to assume all risk of loss, including personal injury, death or loss of damage to property arising out of the use by the Participant of the Skills Canada Facilities or the conduct of Skills Canada-Ontario, its directors, officers, members, employees or agents (individually or collectively the "**Group**") including the Group's negligence or gross negligence, and hereby releases the Group from all liability for such loss;
- 2. to indemnify and save the Group harmless from any claim for loss damage, costs or expenses in excess of any applicable insurance coverage the Group may have, which claim the Applicant or Participant may make as a result of the use of Skills Canada Facilities by the Participant or the conduct of the Group;
- 3. that the undersigned has read this instrument and fully understands its contents and agrees that it shall be binding upon the Applicant, his/her heirs, executors, administrators successors or assigns and the Participant, his/her heirs, executors, administrators, successors or assigns; and
- 4. the undersigned hereby acknowledges that it has been advised to obtain independent legal advice with regard to this instrument and either has done so or has chosen not to do so.

RELEASE OF INFORMATION/PHOTOS

The Applicant hereby grants to Skills Canada-Ontario a royalty-free, perpetual license in all of the right, title and interest in still photographs and videotapes of the Participant taken during the course of this event. We also understand and agree to the release of the Participant's name to the media/press and only as it relates to the Participant's participation in this event.

Please select one: Agree Disagree

DATED the _____ day of _____, 20____ at _____.

APPLICANT'S SIGNATURE

**TO PARTICIPATE, ALL VOLUNTEERS REQUIRE A COMPLETE WAIVER WHICH
MUST BE SUBMITTED ON THE FIRST DAY OF CAMP**



SKILLS CANADA – ONTARIO VOLUNTEER CODE OF CONDUCT

Skills Canada – Ontario promotes skilled trades and technologies as viable, first-choice career options for Ontario youth. All Skills Canada – Ontario Volunteers agree to observe the following code of conduct:

RESPECT FOR OTHERS

- I will respect the rights, dignity and worth of competitors, students, participants, other volunteers, friends and spectators at Skills Canada – Ontario events and programs. I will treat everyone equally regardless of sex, ethnic origin, religion or ability.
- I will be a positive role model for the participants in the program or event.
- I will respect the property of all participants in the program or event and the facilities being used for the program or event.

ENSURE A POSITIVE EXPERIENCE

- I will ensure that this Skills Canada - Ontario event or program is a positive experience for the participants.
- I will be fair, considerate and honest with participants and communicate with them using simple, clear language.
- I will work with participants and provide instructions to them so that they are able to participate to their fullest potential ensuring that any rules for the event or program are communicated and understood by the participants.

ACT PROFESSIONALLY AND TAKE RESPONSIBILITY FOR MY ACTIONS

- I will provide for the general welfare, health and safety of any participants in my charge during the course of my assigned duties.
- My language, manner, punctuality, preparation and presentation will demonstrate the highest standards.
- I will display control, respect, dignity and professionalism to all involved in the event or program.
- I will encourage participants to demonstrate the same qualities as above.
- I will not smoke at the event or program site except in designated areas.
- I will not drink alcohol or take illegal drugs while representing Skills Canada - Ontario at any program or event.
- I will refrain from any form of personal abuse towards participants and others, including inappropriate or unwanted sexual advances on others, verbal, physical and emotional abuse.
- I will be alert to any form of abuse from other sources directed toward participants in my care.
- I will report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants.

QUALITY SERVICE TO THE PARTICIPANTS

- I will assist in providing the highest quality event possible.
- I will be a positive role model for the participants in the program or event.

HEALTH AND SAFETY OF THE PARTICIPANTS

- I will assist in ensuring that the equipment and facilities are safe to use.
- I will encourage participants to seek medical advice when required.

By signing this I acknowledge that I have read and I understand the requirements and expectations detailed above. I agree to follow all of the above as a volunteer with Skills Canada – Ontario.

Volunteer Signature

Date

Volunteer Name (printed)