

**2011 Instructor / Supervisor Recommendation Form for NEW Volunteers**

**(Applicant's name here)**

\_\_\_\_\_ is applying for a volunteer position at Camp Goodtimes, a recreation-based residential camp for children and families with a history of cancer. Our participants range in age from 0-18. Volunteer counsellors and leaders are responsible for the safety, happiness, and well being of our participants. Please complete this form honestly to help us determine if this prospective volunteer can provide this care and be a positive role model for children and teenagers.

**SECTION ONE:** Please rate the applicant in the following areas using this scale:

0 = poor	1 = fair	2 = average	3 = good	4 = excellent
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Ability to work with others	_____	Ability to seek & accept supervision	_____
Communication Skills	_____	Ability to live and work with children	_____
Judgment / Common Sense	_____	Ability to handle change	_____
Punctuality	_____	Listening Skills	_____
Patience	_____	Supervision Skills	_____

**SECTION TWO:** Knowing that we do not expect any applicant to be outstanding in all of the following areas, please honestly assess this applicant using the following statements:

<b>PLEASE INDICATE YOUR ANSWER IN THE APPROPRIATE BOXES</b>	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Applicant has a positive self image					
Applicant does not use bad language					
Applicant is a leader					
Applicant thinks up new ideas					
Applicant follows directions well					
Applicant is self-motivated					

Realizing each person has areas in which they can improve, in your opinion, in which areas does the applicant exhibit limitations or weaknesses?

In your opinion, what will this applicant's strengths be as a volunteer in this setting?

How long have you known the applicant? \_\_\_\_\_  
 How many people are you comparing this person to? \_\_\_\_\_  
 How do you know the applicant? \_\_\_\_\_

**Name**

**Signature**

**Daytime Telephone**

We ask the referee who fills this form out to please return the completed form directly to:  
 Camp Goodtimes, Canadian Cancer Society  
 565 W 10<sup>th</sup> Avenue Vancouver, BC V5Z 4J4 Or Fax: 604.675.7124

**2011 Professional (Immediate Supervisor) Recommendation Form**

(Applicant's name here)

\_\_\_\_\_ is applying for a Camp Nurse position at Camp Goodtimes, a recreation-based residential camp for children and families with a history of cancer. Our participants range in age from 0-18. This position is responsible for the safety and well being of our participants. Please complete this form honestly to help us determine if this prospective volunteer can provide this care to our young children and teenagers.

How long have you known the applicant? \_\_\_\_\_

How many people are you comparing this person to? \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

**SECTION ONE:** Please list the applicant's nursing experiences/roles:

**SECTION TWO:** Please assess and rate the applicant's practice against the CRNBC Standards for Nursing Practice using the following scale:

1 = not at all	2 = sometimes	3 = most times	4 = consistently
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	<b>Standard 1</b> ~ Responsibility and Accountability: Maintains standards of nursing practice and professional behaviour determined by CRNBC and the practice setting.
	<b>Standard 2</b> ~ Specialized Body of Knowledge: Bases practice on nursing science and on related content from other sciences & humanities.
	<b>Standard 3</b> ~ Competent Application of Knowledge: Determines client status and responses to actual or potential health problems, plans interventions, performs planned interventions and evaluates client outcomes.
	<b>Standard 4</b> ~ Code of Ethics: Adheres to the ethical standards of the nursing profession.
	<b>Standard 5</b> ~ Provision of Service to the Public: Provides nursing services and collaborates with other members of the health care team in providing health care services.
	<b>Standard 6</b> ~ Self-Regulation: Assumes primary responsibility for maintaining competence, fitness to practice and acquiring evidence-based knowledge and skills for professional nursing practice.

**SECTION THREE:** Please comment on the applicant's demonstrated skills in interpersonal communication. What is their influence on others?

**SECTION FOUR:** Please assess and rate the applicant using the following scale:

0 = poor	1 = fair	2 = average	3 = good	4 = excellent
Ability to handle change		Initiative		Communication skills
Ability to handle feedback well		Flexible		Listening skills
Ability to seek and accept supervision		Maturity		Supervisory skills
Ability to work with children		Common sense		Sense of Responsibility
Ability to work with others		Integrity		Punctual

**SECTION FIVE:** Please comment on the applicant's ability to work as a team member and/or to lead in a group.

**SECTION SIX:** Please comment on how the applicant deals with stress and unusual incidents.

**SECTION SEVEN:** Please provide any additional information in terms of specific strengths and weaknesses.

**SECTION EIGHT:** In consideration of the applicant's suitability for this position, please check one of the following:

I highly recommend	I recommend	I recommend <b>with reservation</b>	I do <b>NOT</b> recommend
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\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Daytime Telephone

We ask the referee who fills this form out to please return the completed form directly to:  
Camp Goodtimes, Canadian Cancer Society: 565 W 10<sup>th</sup> Avenue Vancouver, BC V5Z 4J4 Or Fax: 604-675-7124

## Informed Consent, Acknowledgement of Risks Agreement – ADULT

PROVIDED BY PINNACLE PURSUITS

### ADULT (19+): Informed Consent, Acknowledgement of Risks Agreement

#### CAMP GOODTIMES

**Summer Camp 2011**

#### Company and Event Description

Pinnacle Pursuits is a Vancouver, Canada based company that provides highly effective customized adventure team-building programs. We work with groups of all sizes and have worked in Canada, the U.S. and the U.K. Typically, through unique team-building experiences and events, we work on certain areas of group dynamics including leadership, trust, team cohesion, goal-setting, strategy, communication, enhanced creativity, problem solving, risk-taking, productivity and of course celebration and fun! Our risk management policy for each event is of a highest priority. Your participation in these activities is purely voluntary, and if there is something you do not feel comfortable with, emotionally, socially and/or physically, you will have the option on how you choose to participate. For more information you may check us out on the web at [www.PinnaclePursuits.com](http://www.PinnaclePursuits.com)

This program is designed specifically for Camp Goodtimes. Pinnacle Pursuits will be facilitating a selection of options in the realm of adventure-based learning initiatives. Activities during this program may include the following: rock-climbing, a low ropes challenge course and/or a high ropes challenge course as well as other outdoor/adventure activities and team-building initiatives.

We ask that you dress appropriately for an outdoor experience and that you are prepared for the cold and the rain if necessary. Thank you for reading and signing the form below and also for completing the medical history information form.

#### Participant's Acknowledgment of Risks Agreement

In consideration of the services provided by Pinnacle Pursuits Inc. their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as Pinnacle Pursuits) it is hereby understood that:

- 1) I acknowledge, that my voluntary participation in any and all educational and adventure based activities such as, but not limited to rock-climbing, a low ropes challenge course and/or a high ropes challenge course as well as other outdoor/adventure activities and team-building initiatives, entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activities or the event.
- 2) I expressly agree and promise to accept and assume all of the risks existing in these activities. My participation in these activities is purely voluntary, and if there is something I do not feel comfortable with, I will choose not to participate. I will inform Pinnacle Pursuits staff of any physical injuries, medical concerns, allergies, or emotional fears and phobias that may impact my involvement in today's program.
- 3) I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else agree to bear the costs of such injury or damage myself. I am completing a medical form that details any medical or physical conditions that I have in case an emergency does arise where such information is necessary to help deal with the health issue. These will be kept on file during the event and stay fully confidential.
- 4) In the event that I file a lawsuit against Pinnacle Pursuits, I agree to do so solely in the province of British Columbia, and I further agree that the laws of that province shall apply in that action without regard to the conflict of law rules of that province. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
- 5) I allow Pinnacle Pursuits and any of their photographers, free of any charges, to use any images or comments of me in any photographs or film or recordings taken during the normal course of, or after the activities.
- 6) I have had sufficient opportunity to read and understand this entire document. I have read it, and I agree to be bound by its terms.

Participant Signature: _____		Participant's Printed Name: _____	
Address: _____			
Province _____	Postal Code: _____	Date: _____	Phone #: _____
Home Phone: _____	Emergency Contact: _____	Phone #: _____	
Medical Plan/Province: _____	Medical Plan #: _____		
Please list any health conditions or medical issues that we ought to be aware of (including previous injuries, current medications, allergies, etc.): _____			
_____			
What was the date of your last Tetanus inoculation or booster? Month: _____ Year: _____			
Witness Signature: _____		Date: _____	
Witness Printed Name: _____ at (city) _____			

## CCS Camps Volunteer Waiver, Release, & Agreement Form

To be completed by all volunteers and volunteer applicants of Canadian Cancer Society's Camp Goodtimes events.  
Please read carefully, initial each point on the lines provided, and sign the bottom.

### Medical:

\_\_\_\_\_ I hereby acknowledge that I am aware that the Canadian Cancer Society's Camp Goodtimes program takes place at Loon Lake in the UBC Research Forest, Maple Ridge and events are held at other various locations within B.C. / Yukon areas, and that the activities I may be involved in will include outdoor pursuit type of programs and such related camp activities that involve physical activity and the possibility of injury resulting from such activity; or that the fund raising activity which I am volunteering with may include but not be limited to the possibility of personal injury.

\_\_\_\_\_ I therefore acknowledge these risks and waive any action or claim against the Canadian Cancer Society B.C. & Yukon Division (Camp Goodtimes), the University of British Columbia, any fundraising venue or sponsor, or any of its employees, agents, successors, assigns, or any parties related to the operations of these camping programs or fund raising activities for any accident or injury to the within named applicant while attending said activities.

\_\_\_\_\_ I understand that in case of a medical or surgical emergency every responsible effort will be made to contact the emergency contact, as set out in my application, for permission for treatment. In the event that person cannot be reached, I hereby give my permission to the authorized persons in charge of the activities, to secure treatment for and to authorize hospitalization, injections, anaesthesia, or surgery as necessary for my emergency care. I understand the expenses for such emergency treatment remain my responsibility. I understand that health insurance is my responsibility.

### Publicity:

\_\_\_\_\_ I authorize the taking of pictures and video of myself during Camp Goodtimes events. I am aware that these pictures and videos may be applied to print, radio, television, or electronic media. All pictures and videos shall remain the property of the Canadian Cancer Society, B.C. & Yukon Division (Camp Goodtimes).

### Confidentiality:

\_\_\_\_\_ I agree to maintain the confidentiality of all information regarding Camp Goodtimes participants (campers and families), including their diagnoses. I understand that it is important to respect the privacy and confidentiality of the children and their families.

\_\_\_\_\_ I understand that outside of Camp Goodtimes sessions I volunteer at, I will not remain in contact with the campers or participants (children or family members) with whom I have met through my volunteering with the Canadian Cancer Society's Camp Goodtimes. I understand that this is for liability, safety, and confidentiality reasons.

### Pending Criminal Charges or Convictions:

\_\_\_\_\_ I confirm that I am free of any pending criminal charges or convictions that may preclude me from working with children.

### Signatures and Dates for All Points Above:

Print Name Here: \_\_\_\_\_  
Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Print Witness Name Here: \_\_\_\_\_  
Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

### Privacy Statement:

The Canadian Cancer Society, BC and Yukon Division is committed to protecting the privacy of personal information in our possession or under our control in accordance with the Personal Information Protection Act (PIPA). PIPA regulates the way we collect, use, keep, secure and disclose personal information. The CCS values the trust of our donors, volunteers, clients, participants and staff. We recognize that maintaining this trust requires accountability and transparency in handling personal information. For further information call 604-675-7141 or if you are long distance, call 1.800.663.2524

As a volunteer of Camp Goodtimes, you are also a volunteer of the Canadian Cancer Society, which offers this program. The CCS will use the personal information collected in this package to provide you with appropriate support and recognition. This information will be stored in a locked cabinet and entered into the CCS secure electronic database. As an active volunteer of the CCS, your name, address, phone, fax, and email may be given to relevant staff and volunteer leaders. It may also be included on unit or team lists which are shared with other volunteers.

The CCS is dependent upon the generous support of donors and volunteers to fulfill its mission. If you would prefer not to receive communications from us that ask for financial support in our fight against cancer, please check this box.\*

\* Your decision on this point will have no bearing on your being selected for a position at Camp Goodtimes.