



SCYP Co-op Camp Staff Application Form **2020 ALUMNI STAFF**

Name: _____ Male Female Sask. Health Number: _____

Address: _____

Postal Code: _____ Email: _____ Cell Phone: _____

Telephone: Work: _____ Home: _____ Fax: _____

Age: _____
16-19 20-25 26-30 31-35 36-40 41-50 51 +

Any health problems (including allergies)? _____

Are you vegetarian? Yes No If yes, what won't you eat? _____

Do you have First Aid training? Yes No If so, what type? _____ Exp. Date: _____

Do you have any lifeguard qualifications? Yes No If so, what level? _____ Exp. Date: _____

List the year(s) and level(s) of previous Co-op Camps you have staffed:

What years were you a participant? _____

What other youth-related work have you done? (Also, please list your recreational interests and hobbies.)

Would you be willing to co-ordinate a camp? Yes No

Would you be willing to be a co-ordinator's assistant? Yes No

Would you be willing to forgo your \$75 honorarium, as a donation to SCYP? Yes No

Continued on other side...

Please indicate your first, second and third choice of camps:

Intermediate

_____ July 27 - 31, Last Mountain Lake

Junior

_____ July 7 - 11, Candle Lake

Graduate

_____ July 31 - August 5, Last Mountain Lake

Introductory

_____ July 11 - 15, Candle Lake

_____ July 22 - 27, Last Mountain Lake

List the dates you are definitely **not available to staff** _____

Are you available to attend the mandatory Staff Training session from May 21 – 23, 2020? Yes No
(May 21st is for Junior Staff and New Staff only)

We want staffing to be the best experience for all staff. Please advise the SCYP Program Officer of major personality conflicts or other strong preferences regarding your potential staff team-mates. This information will be confidential and used to help the Program Officer put together the best staff teams possible. **Also, please be advised that you will be required to travel to the Staff Training session as well as to Saskatoon the day before your camp will commence. Please contact the SCYP office for more details.*

I voluntarily choose to participate in a camp of the Saskatchewan Co-operative Youth Program with full knowledge that there will be some risks inherent in activities of camp, and I hereby release Saskatchewan Co-operative Association, its directors, officers, employees, and volunteers (collectively the "Releases") from all claims in respect to death, injury, loss or damage to my person and/or property arising from participation in or connection to the activities of camp notwithstanding that the same may have been contributed to or occasioned by any act or failure to act of the Releases, singly or collectively. I consent to emergency treatment of my person in the event of injury or illness. I also consent to the use of my name and photograph in connection with the Saskatchewan Co-operative Youth Program. I consent to the use of my personal information in compliance with *The Personal Information Protection and Electronic Documents Act** and to sharing my contact information amongst program participants and volunteers. I also consent to provide a Police Record Check prior to my participation at a camp of the Saskatchewan Co-operative Youth Program. I further acknowledge that I have read this release and I understand its effect.

Signature: _____ Date: _____
(If under 18, add guardian's signature).

Deadline for applications is March 13, 2020

You will be notified by April 9, 2020 if you have been selected as a staff member.

Return to:

Saskatchewan Co-operative Youth Program

1515 20th Street West

SASKATOON, Saskatchewan S7M 0Z5

Telephone: (306) 343-3583 / (306) 244-3702 Fax: (306) 244-2165

E-mail: scyp@sask.coop

*Personal information collected is used for the purpose of delivering SCYP programs and updating participants and staff during the year. For more information, please read our privacy policy statement at <http://www.sask.coop/about-us/privacy-policy>