



# Personal Support Worker Application -2019-

Dear Personal Support Worker and Parent/Guardian,

Are you looking for a fantastic experience for summer 2019? Then BC Easter Seals may be the place for you... We offer exceptional programs for children and youth with physical and/or intellectual disabilities. This package will help you understand our programs, services and this application process.

This is an opportunity to provide some general information about our camps, programs, the registration process and what it means to be a Personal Support Worker (PSW) at one of our camps. If you have any questions that are not clarified either by this application form, or on our website, please get in touch with us. We want to make you feel as comfortable as possible so that together we can work towards creating a marvellous camping experience for all campers.

## IS OUR CAMP RIGHT FOR YOU?

The focus of the BC Easter Seals Camping Program is to provide a camping experience that facilitates growth in independence, self-esteem, and peer interaction through nature based outdoor activities. Our staff establishes a safe, warm, fun, supportive and encouraging environment which allows campers to focus on their abilities.

The role of a PSW at camp is to strike a balance between providing the necessary personal care and support required by your camper and promoting your camper to get involved in new and challenging ways. Camp is a high-paced environment. Days are usually fairly long and there is only a one-hour rest break. While you will receive support from the two counsellors working with the buddy group you and your camper have been assigned to, as a PSW you will be required continuously throughout the week and this may include evening/night work. Camp is not a remote wilderness experience, but it is not luxurious either. We get down and dirty at camp. We try to help and support the PSW when and where possible, but much of the energy and drive must come from the PSW. Remember: In a large way the PSW determines the camper's experience.

## COMPENSATION

The PSW and the family/guardian enter into a private contract for remuneration. The BC Lions Society for Children with Disabilities and BC Easter Seals Camps have no financial obligation to the PSW. The PSW must meet with all staff norms and regulations for hiring and behaviour. On occasion we can offer some names of people interested in working as a PSW. Please contact us for further information.

## POLICIES AND PROCEDURES

As a Personal Support Worker you are regarded as a valuable member of our staff as well as a professional care provider. We therefore ask that you abide by the same policies and procedures as our full time summer staff.

With your confirmation you will receive a handbook that contains important information so that both yourself and the Society can feel confident about our interaction during the upcoming camping session. Please ensure that you have thoroughly read this document. You must arrive at camp with the agreement signed and this must be handed over to the Camp Coordinators before you begin working.

The BC Lions Society reserves the right to decline to work with a Personal Support Worker. This right also extends to sending the PSW and Camper home if the Society's policies and procedures are disregarded or the Camper's care is deemed unsatisfactory by our staff.

## THE APPLICATION PROCESS

The PSW application must be printed, completely filled out, and mailed to the Vancouver head office at:

Attn: Camp Registrar  
Easter Seals BCY  
3981 Oak Street  
Vancouver, BC V6H 4H5

The PSW application form may also be completed online. Registration operates on a first-come, first-serve basis. As a result, we are not always able to accommodate your first choice of camp session. If the camp in your area is fully booked, we will do our best to accommodate you at one of our other two sites. A camper's registration will be confirmed only after we have received ALL paperwork pertaining to the child's stay at camp. This includes pages 3-6 of this document, the Camper Registrations Forms (separate document) and an original (within the past six months) Criminal Record Check including a Vulnerable Sector Search. You may go through your local police station or contact our Registrar for online options. If you have any questions about this, please get in touch with the camp registrar.

We are able to accommodate a maximum of 6 PSWs in each camp session, and these spots fill quickly. We recommend submitting your application as soon as possible.

Working together we hope to create lifelong camp memories for all our campers. If you have questions pertaining to registration, our program, care ratios, or PSWs, please visit our website:

[www.eastersealscamps.ca](http://www.eastersealscamps.ca)

If you have any questions please contact our Camp Registrar, Jennifer Blair, at [campregistration@eastersealsbcy.ca](mailto:campregistration@eastersealsbcy.ca) or at (604) 873-1865 ext. 439 or toll free 1-800-818-4483.

High fives and camp smiles,



James Gagnon

Director, Camp Programs & Facilities

**BC EASTER SEALS  
CAMPING PROGRAM**



**Personal Support Worker  
Application**



**FOR OFFICE USE ONLY**

**PSW FORMS**

Date Mailed: \_\_\_\_\_

Date Received: \_\_\_\_\_

Medical Form

Liability Signed

Two References

Criminal Record Check

PSW Confirmation Package Sent

**PLEASE NOTE:**

Applications take time to process as campers are reassessed every year. The Society reserves the right to change registration requirements or refuse an application. Incomplete forms will delay camper registration. A spot at camp cannot be confirmed until ALL forms have been received by mail or in person at our Vancouver office (This includes the Criminal Record Check).

Facsimiles or copies will not be accepted

**ALL INFORMATION IS CONFIDENTIAL. ORIGINAL, SIGNED FORMS ARE REQUIRED.**

**GENERAL INFORMATION**

PSWs must be available 24 hours a day during the camp session for all one-to-one care, assistance and supervision of their camper. **PSWs must be at least 17 years of age.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Name of Camper Supporting: \_\_\_\_\_

Relationship: \_\_\_\_\_

**CARE SUPPORT BACKGROUND**

Have you met the camper?  No  Yes Have you worked together before?  No  Yes

Summarize experience Assisting Camper: \_\_\_\_\_

Are you employed by a group home?  No  Yes If yes, please complete below:

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SUMMER CAMP BACKGROUND**

Do you have any previous camp experience as either a camper or a staff member?  No  Yes

Please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOOD AND DIET**

Do you have any food allergies?  No  Yes

Please specify food and reaction: \_\_\_\_\_

\_\_\_\_\_

Do you a special diet?  No  Yes

Please specify: \_\_\_\_\_

\_\_\_\_\_

**CRIMINAL RECORD CHECK**

A current Criminal Record Check is required (within the last six months) by all PSWs. You can either submit a current original with this application, go to your local police department. Please ensure your check includes a Vulnerable Sector Search

CHECK ONE:  Criminal Record Check is attached.  
 Criminal Record Check will be forwarded (Application is incomplete until this arrives.)

**WHAT DO I BRING TO CAMP?**

Please ensure you bring enough clothes for the entire week. The camp cannot provide laundry facilities during a camp session. The camp is not responsible for lost or misplaced articles. We recommend leaving new and/or expensive items at home.

Hat	Sleeping Bag	Rain Clothes
Sunscreen	Pillow	Warm Weather Clothes
Toiletries	Towel	Cold Weather Clothes
Running Shoes	Bathing Suit	One 'dressy' outfit

**ADDITIONAL INFORMATION**

Please list any additional information or certification that would assist us in processing your application. Attach an additional sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

**REFERENCE INFORMATION**

Please list a reference that can attest to your character and suitability to work with children (aside from campers parent/caregiver).

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_



**GENERAL INFORMATION**

Any health concerns/accidents that arise during a camp session must be brought to the immediate attention of the camp Health Care Team. The Health Care Team's instructions must be strictly followed. While on-site all personal medications, including vitamin supplements, etc., must be kept under lock and key in the Health Care Office. If you are exposed to a communicable illness in the 2 weeks prior to a camp session, the Registrar must be informed.

**PERSONAL HEALTH NUMBER:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**NEXT OF KIN/EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Relationship: \_\_\_\_\_

**MEDICAL INFORMATION**

General health status: \_\_\_\_\_

Have you had or been exposed to a serious/communicable illness in the past?  No  Yes

If yes, please specify (i.e. Hepatitis, HIV, TB, bronchitis etc.): \_\_\_\_\_

Do you have any allergies?  No  Yes If yes, please list and give type of reaction: \_\_\_\_\_

Are you taking any prescribed medication?  No  Yes

If yes, please specify: \_\_\_\_\_

List all immunizations and the date given. Attach an additional sheet if necessary.

**Immunization:** \_\_\_\_\_ **Year Given:** \_\_\_\_\_

**My signature indicates that the above information is true and complete to my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT WOULD ASSIST US.

**ALL INFORMATION IS CONFIDENTIAL.**



# Consent, Liability and Waiver Agreement

**The PSW Application Form cannot be processed if the Liability Release is incomplete or altered in any way. Please print legibly.**

I, as the Personal Support Worker of \_\_\_\_\_ (Campers Name), and in consideration of the recreational, educational and health care services provided by the British Columbia Lions Society for Children with Disabilities (hereafter referred to as the 'BC Lions Society') agree as follows:

1. I hereby release and discharge the BC Lions Society, Easter Seals British Columbia, the Custom Service Transit Society and any other respective agents and employees from all manner of action, causes of action, claims or demands I may have, arising from or related to my attendance at camp and/or activities held away from camp. I do however wish to attend a BC Easter Seals Camp, notwithstanding such potential risk.
2. I agree to indemnify the BC Lions Society, its services, agents or employees, from any claims or demands made against the BC Lions Society in respect to any loss or damage which they may suffer or become legally obligated to pay as a result of, or arising from, my attendance at camp.
3. I consent to the administration of my medical treatments as is determined to be necessary by the BC Lions Society, its servants, agents or employees, in their sole discretion, for my health at the camp.
4. I certify that all information provided in this registration form is true and to the best of my knowledge at the time of completing this and for all subsequent camp administrated forms.
5. I agree that the child I accompany will ONLY be released on departure day to the individuals listed on the camper application form (primary contact, authorized pick up list) and that the BC Lions Society must be notified IN WRITING of any changes to the list. Identification is REQUIRED for pick-up.
6. I have reviewed the expectations and policies as outlined throughout this application and I understand that should I breach any of the expected behaviours, myself and the camper attending with me could be asked to leave the camping program immediately. If this occurs, I will be responsible for arranging for my and my camper's transportation from camp and the associated costs.
7. I agree that I am financially responsible in the case of illness, injury, accident, emergency or property damage resulting from my participation in Easter Seals Camping programs and that the BC Lions Society may claim over against me for any claim which the participant or a third party may make against the BC Lions Society and agree to indemnify and save harmless the BC Lions Society for any expenses reasonably incurred in consequence of the above.

### ***-INFORMATION AND PHOTO WAIVER-***

The BC Lions Society reserves the right to take, use and maintain as the property of the Society camper photographs and information for our promotional materials (print and electronic versions) and to thank donors for their support. Consent for such use is implied unless the Society is otherwise instructed. Please check the box below if you DO NOT wish that your photo and/or information be used by the Society for the above stated purposes:

I acknowledge that, to the best of my knowledge, the information on the application form is correct. I agree to inform the BC Lions Society of any changes in my medical condition prior to the start of camp. To meet the needs of our campers and have the ability to care for them we must collect personal information about them and distribute this information to people who will care for you and your camper. All the information gathered is stored in a confidential manner. The BC Lions Society is in compliance with the Personal Information Protection Act of BC and the Personal Information Protection and Electronic Documents Act (PIPEDA). We may periodically contact you about Society programs, services, events fundraising or volunteering opportunities. To be removed from this list, please contact us at: (604) 873-1865 1-800-818-4483 or email: info@lionsbc.ca

I understand that this is an application for camp and does not guarantee confirmation. Notification of confirmation will be sent by mail at a later date once all portions of the application have been confirmed as successfully completed.

**I HAVE READ AND UNDERSTAND THIS CONSENT, LIABILITY AND WAIVER AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, AND ASSIGNS MAY HAVE AGAINST THE RELEASES.**

\_\_\_\_\_  
Signature of Personal Support Worker

\_\_\_\_\_  
Name of Personal Support Worker - Please Print

\_\_\_\_\_  
Date