



2019 MISTIKÔSI KAPAYSHIW VOYAGEUR CAMP VOLUNTEER APPLICATION FORM

On behalf of the Métis Nation of Alberta we would like to thank you for applying to volunteer at Mistikôsi Kapayshiw Voyageur Camp! Without the hard work and dedication of our volunteers these camps would not be possible. To give our volunteers a better understanding of the Mistikôsi Kapayshiw Voyageur Camp, please feel free to contact us with any questions or concerns you may have. This is a general overview of what to expect while volunteering at the Mistikôsi Kapayshiw Voyageur Camp, as well what we expect from our volunteers.

This is the 2nd Annual Mistikôsi Kapayshiw Voyageur Camp. We are beyond excited to be offering Métis youth this program, which is funded under the Urban Partnerships for Indigenous Peoples Program and delivered by the Métis Nation of Alberta Ministry of Health, Children, and Youth. This program will be offered to youth from ages 12-17 years old. Our vision is to connect Métis youth to their culture through activities and teachings on the land, as well as to connect Métis youth with elders and knowledge-holders. We want to create a positive identity for Métis youth, and allow them the opportunity to build connections with one another.

The Mistikôsi Kapayshiw Voyageur Camp will be running from July 5th to July 7th at Métis Crossing located in Smoky Lake, AB. We will be hosting approximately 30 youth from across Alberta to allow them to gain a connection to their community and feel a sense of belonging.

Safety is always the main priority at the Mistikôsi Kapayshiw Voyageur Camp. As a volunteer and camp leader, we want to ensure that all activities are safe for both you and our youth. We require volunteers to arrive the morning of July 4th to attend a two-day training course. This course will allow you to learn safety procedures, familiarize yourself with our agenda, tour the camp site and get to know each other. Please make sure that you are available for the entirety of both the training session and camp, July 4th to July 7th, 2019, before applying.

Throughout the camp, we will be hosting activities for youth including: learning about Métis history, jigging, beading, canoeing and so much more! We will be assigning one volunteer per cabin. Each volunteer will be responsible for looking after the campers in their designated cabins, ensure that each youth is physically and emotionally safe, arrives to all activities on time, adheres to the signed Code of Conduct, and is following all guidelines set out by the MNA. Volunteers will also be responsible for maintaining the safety of the youth during free time, through the night, and at meal-times. All volunteers are expected to adhere to the Code of Conduct.

Please sign below to acknowledge that you have read through the general guidelines and understand the commitment of volunteering at Mistikôsi Kapayshiw Voyageur Camp. If you have any questions or concerns, please contact the Youth Programs and Services Team at (780) 455-2200 ext. 249, or youth@metis.org.

FULL NAME

SIGNATURE

DATE



2019 VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION:

First Name:	Middle Initial:	Last Name:
Address:	Postal Code:	City/Town:
Birth Date:	Metis ID# (if applicable):	Region:
Phone Number:	Email Address:	
Are you available for both training and the camp from July 4 - 7? <input type="checkbox"/> YES <input type="checkbox"/> NO	Camp Nickname:	
Are you willing to complete a Criminal Record Check and Vulnerable Sector Check? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you willing to complete a Child Intervention Check? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Highest Education Level:	Gender:	
Work Experience (Company Name, Duration, Job Title): _____ _____ _____		

ABOUT YOURSELF:

1. Have you ever been a camp leader before? (If yes, where) _____ _____
2. Do you have first aid/CPR training? _____ If yes, please indicate: Location received: _____ Expiry Date: _____
3. Do you have any additional training applicable to the care of children and youth? _____ _____
4. How many children do you feel comfortable supervising at once? _____
5. Describe yourself in a couple of sentences. _____ _____ _____ _____

6. What experience would you like to gain from volunteering at the Mistikôsi Kapayshiw Voyageur Camp ?

7. Please Indicate your interest/experience in each activity: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Michif Language |
| <input type="checkbox"/> Campfires/Songs | <input type="checkbox"/> Beading/ Moccasin Making |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Jigging |
| <input type="checkbox"/> Nature Hikes | <input type="checkbox"/> Voyageur Games |
| <input type="checkbox"/> Finger Weaving | |

If you have any other skills you think would make a great addition to the Mistikôsi Kapayshiw Voyageur Camp, please list below (Fiddling, singing):

8. Do you have any experience or certifications in boat safety or water safety? ?

9. Who is your biggest role model? Explain.

10. Do you know anyone attending the camp? _____

11. Do you have transportation to and from the camp? _____

12. What experience do you have working with kids (babysitting, coaching, after school program, etc...)?

13. What do you know about Métis culture?

14. Have you ever attended camp as a youth? (If yes, what was your favorite experience)

15. How would you ensure the children are having fun and building connections?



MEDICAL INFORMATION

Full Name:	Alberta Health Care Number:
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EMERGENCY CONTACTS (Will be contacted in order):

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

HEALTH CONDITIONS & HISTORY:

Allergies (food, medications, insects, etc.):

(PLEASE INCLUDE DESCRIPTION OF REACTION)

Do you carry an epi-pen? YES NO

Do you have asthma? YES NO If yes, please indicate severity: MILD MODERATE SEVERE

In the event of an emergency, we require all Volunteers to list any medication that you will be taking for the duration of the camp and the dosage:

PLEASE NOTE: Only the appropriate staff members will have access to this information and it will be kept in a secured location during the camp.

AUTHORIZATION

To the best of my knowledge, I am currently in good health and will be able to participate in all activities that Mistikôsi Kapayshiw Voyageur Camp has to offer. I agree to notify MNA staff of any changes to my medical information, and/or health that may occur before camp begins. I authorize the staff of Mistikôsi Kapayshiw Voyageur Camp to seek medical advice and services as may be necessary for my health and safety. This may include first aid, transportation to the hospital, and/or treatment service in an emergency department.

I understand that all information above is accurate and correct. I am also willing to complete a criminal record, vulnerable sector and child intervention check prior to volunteering to ensure the safety of all individuals.

FULL NAME

SIGNATURE

DATE



VOLUNTEER CODE OF CONDUCT FORM

RULES OF CONDUCT	VOLUNTEER INITIAL
Respect others- volunteers are expected to treat staff, guests and campers with respect and courtesy while at camp. I will treat all youth and staff as equals.	
Inappropriate behavior, such as bullying, teasing, swearing, verbal harassment, physical or sexual harassment, acts of aggression or disrespect to other people will not be tolerated at camp. Please report any inappropriate behavior to MNA staff immediately.	
Volunteers must ensure that all campers remain inside the designated boundaries which will be explained to all volunteers and campers upon arrival to camp.	
I will do my best to ensure that all campers stay in their tents after lights out at night, except to use the washrooms. (Please use buddy system while using the washrooms)	
Vandalism or damage to camp property or equipment will not be tolerated. The individual will be held responsible for the cost of cleanup, repairs, and replacement. I agree to report all vandalism to MNA staff.	
Stealing or borrowing other individual's possessions without their consent will not be allowed I will do my best to enforce this rule.	
Campers and Volunteers are responsible for keeping their cabins clean and organized. I will do my best to enforce this expectation among campers.	
Métis Nation of Alberta and Camp Wohelo will not be responsible for any lost or stolen items while at camp.	
Volunteers and campers may not bring any illicit drugs onto camp grounds including cigarettes, e-cigarettes and alcohol. I agree to report any breach of this expectation to MNA staff.	
Volunteers and campers must not bring any weapons onto camp grounds. I agree to report any breach of this expectation to MNA staff.	
I will ensure that all campers are picked up and dropped off by the individual listed on their camp registration form.	
I will bring appropriate clothing to wear during camp	
I will follow all safety procedures during camp, as it is my goal to make safety for all campers and volunteers the main priority while volunteering.	
I will seek advice from the MNA staff when needed and I will report all suspicious activity.	
I will ensure that the youth safety (physical and emotional) is made my main priority throughout the camp.	

I _____ have read through the code of conduct and agree that I will obey all the following rules at Mistikôsi Kapayshiw Voyageur Camp, If I break any of the following rules, I may be asked to leave the camp immediately. I promise that I have completed this application with correct information and to the best of my knowledge.

NAME

SIGNATURE

DATE



PHOTO CONSENT AND RELEASE FORM

Without expectation of compensation or other remuneration, now or in the future, I consent to the Métis Nation of Alberta (MNA), its affiliates, and agents using my image, likeness, and/or interview statements, in part or in whole, in MNA publications, advertisements, electronic media (including the Internet), or educational activities.

This consent includes, but is not limited to the following promotional and communications materials:

- a) Permission to interview, film, photograph, record, or otherwise use my likeness;
- b) Permission to use quotes/excerpts from interview(s), film(s), photograph(s), recording(s) or reproduction(s) of me; and
- c) Permission to use my name

I agree that all promotional and communications materials referred to herein and any reproductions thereof and all negatives and digital files are and shall be the property of the MNA.

I hereby release the MNA and its affiliated companies, agents, employees, successors and assigns from all claims, demands, damages, and costs whatsoever arising out of the use or distribution of the said promotional material.

By signing below, I give the MNA consent to use interviews, photographs, quotes for promotional purposes.

Name (Print): _____

Signature: _____

Date: _____



2019 MISTIKÔSI KAPAYSHIW VOYAGEUR CAMP VOLUNTEER RELEASE AND WAIVER FORM

Every Participant and Volunteer must have a completed and signed release form to participate in the Mistikôsi Kapayshiw Voyageur Camp (the "Camp").

Volunteer's Name:
Address:
City, Province and Postal Code:
Phone Number:
Email Address:

Date of the Camp: July 4, 2019 to July 7, 2019

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I as a volunteer for the Mistikôsi Kapayshiw Voyageur Camp, hereby grant the permission necessary to allow myself to participate in the above Camp to be conducted by the Métis Nation of Alberta ("MNA") d/b/a Mistikôsi Kapayshiw Voyageur Camp and Métis Crossing. I, in my own behalf, further agree to release and to hold harmless MNA, its affiliates, heirs, successors, servants, directors, employees, officers, insurers, agents, contractors, assigns, volunteers and the hosting site on whose premises the Camp will occur (hereinafter collectively "Releasees") from any and all manner of actions, causes of action, suits, debts, costs, claims, damages and demands arising out of or in consequence of any loss, injury or damage to myself or property (including, without limitations, legal fees and costs), whether caused by the negligence of the Releasees or otherwise arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that I may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

I fully understand the risks and dangers of serious injury, including permanent disability, paralysis and death (the "Risks"); these Risks may be caused by my own actions or inactions, the actions or inactions of others, the condition in which the Camp takes place, or the negligence of the Releasees; there may be other risks and social and economic losses, either not known or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs and damages that incurs as a result of the my participation in the Camp.

I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by myself or by any other persons as a result of any claim, judgment, loss, liability, cost and expense to myself, arising out of participation of myself in the Camp. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand.

I hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury, illness or death. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I have signed this document voluntarily and of my own free will.

Medical Release. I, acknowledge and agree that such participation subjects myself to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf, acknowledge the risk of such illness or injury by participating in the Camp. In the event of such illness or injury, I authorize MNA to obtain necessary medical treatment and hereby, in my own behalf, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of myself for any illness or injury that I may sustain during the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

Camp Rules. I further acknowledge and understand that MNA has established rules and regulations pertaining to conduct, behavior and activities of all Camp participants, by which I agree to abide during the Camp, and that I will be responsible for my failure to abide by those rules and regulations. I have received, read and understand the Camp rules. I understand that violation of the rules can result in dismissal from Camp.

I represent that any medication to which I am allergic or medications that I am currently taking are listed in the Medical Information form which has been provided to MNA. I agree that I shall bring medications which I am currently taking to the Camp and that I shall consume the prescribed dosage for such medications. **MNA will not administer or supply any type of medication at Camp.**

I, in my own behalf, hereby warrant that I have read this Volunteer Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf, am aware that this Volunteer Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf, further acknowledge that nothing in this Volunteer Release and Waiver Form constitutes a guarantee that the Camp will occur. I, in my own behalf, have signed this document voluntarily and of my own free will.

Signature X _____

Date _____