



February 1, 2025

Dear Prospective Camp Stepping Stones Volunteer,

Camp Stepping Stones will be held at Camp Arnes **May 30 - June 1, 2025**. A maximum of 50 kids between the ages of 7 and 17 years who have experienced a significant death will be selected to attend camp. We will be choosing the number of volunteers based on the specific needs of the campers. There are numerous volunteer positions and time commitments may vary depending on the role. Once we have received your application, we will contact you to arrange an in-person/virtual interview.

All volunteers at Camp Stepping Stones are in a position of public trust, therefore you must satisfy a security check which includes the following:

- Criminal Record Check: you must attend the Winnipeg Police Service or local RCMP Detachment.
- Vulnerable Sector Check: you must attend the Winnipeg Police Service or a local RCMP Detachment.
- Child Abuse Registry Check: provided and completed with Camp Stepping Stones Committee.
- Adult Abuse Registry Check: provided and completed with Camp Stepping Stones Committee.
- PHIA Pledge: completed at Volunteer Orientation or prior to Camp.

**Please note:** a *RCMP Volunteer Criminal Record Check Fee Waiver* can be obtained from the Camp Stepping Stones Committee for those attending a RCMP Detachment. Winnipeg Police Services will not waive the cost.

All Volunteers are required to attend a training session held prior to camp. Training will cover weekend activity schedules, safety guidelines, volunteer self-care, aspects of children's grief and grief activities. Training dates are:

- May 13/25 Gimli Hospital Multi-Purpose room 5 8pm
- May 15/25 Selkirk Regional Health Centre Multi-Purpose room 5 8pm.

Please submit your completed application form to <a href="mailto:bramsay@ierha.ca">bramsay@ierha.ca</a> . Thank you for interest in Camp Stepping Stones!

Camp Stepping Stones 100 Easton Drive Selkirk MB R1A 2M2 bramsay@ierha.ca

Phone: 1-855-494-7369

Email: campsteppingstones@ierha.ca





#### ALL INFORMATION IS STRICTLY CONFIDENTIAL

## **Volunteer Information** Name: \_\_\_\_\_ Last First Middle Preferred name: Home Mailing Address: City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Date of Birth (YYYY/MM/DD): \_\_\_\_\_ Gender: Male □ Female □ Transgender □ Non-Binary/Non-Conforming □ Email: \_\_\_\_\_\_ Phone (H)\_\_\_\_\_ (W)\_\_\_\_\_ T-shirt size or Returning volunteer do not need a t-shirt Availability: Day Camp (specify dates and times) Weekend Camp **Emergency Contact Information** Name: \_\_\_\_\_ Last Middle First Relationship: \_\_\_\_\_ Home Address: City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (H) \_\_\_\_\_(W)\_\_\_\_





### Volunteer Education/Employment History

Educational Background:
Employment:
1
Dates of Employment:
2
Dates of Employment:
3
Dates of Employment:
Please describe previous volunteer experience:
Have you ever volunteered at a camp before?  Yes No
If yes, what was your role?
What experience do you have working with children?
Have you experienced any personal losses? Please tell us about those losses.





Why do you wish to volunteer at Camp Stepping Stones this year?				
Hobbies, interests, special talents (i.e. artistic, musical):				
VOLUNTEER HEALTH HISTORY				
In the event of a medical emergency, the information provided may help in assisting you.				
(If yes, please provide further explanation)				
Past Medical History: ☐ Yes ☐ No				
Allergies: □ Yes □ No				
Special Diet:   Yes   No				
Physical Limitations:				
Emotional Limitations:   Yes   No				
Other information to be aware of:				





#### **REFERENCES**

Please list the names, address, and phone numbers of 3 references, 2 of which can be personal references, 1 being a present or former supervisor.

1. Na	ame				
Email:	Pho	one (H)	(W)		
In what ca	apacity and how long have you l	known this person?			
2. Na	ame				
Email:	Pho	one (H)	(W)		
In what ca	apacity and how long have you l	known this person?			
3. Na	ame				
Email:	Pho	one (H)	(W)		
In what capacity and how long have you known this person?					