



**YOUTH INFORMATION FORM**

**It is the policy of the Archdiocese to monitor all Volunteer Ministry Positions.**

**It is the policy of Camp Lemieux to monitor all Paid Ministry Positions.**

**THIS FORM IS ONLY TO BE USED FOR PERSONS UNDER 18 YEARS OF AGE**

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

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yy) SK Health Card #: \_\_\_\_\_

Other Provincial Health Card # (if available): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Province: \_\_\_\_\_ Health Card #: \_\_\_\_\_

G.M.S. or M.S.I. \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medication \_\_\_\_\_

Physical Ailments/Conditions \_\_\_\_\_

**Emergency Contact:** Please provide a contact in case of an emergency.

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

Relationship to applicant: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ Other: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_



**FOR CAMP LEMIEUX OFFICE USE ONLY**

Ministry Name:   *Camp Lemieux*  

- Ministry Position(s):  CIT  Kitchen  First Aid  
 Maintenance  Day Visitor  Ministry of Presence  
 Overnight/Week Volunteer  Other \_\_\_\_\_

Date Commissioned (if applicable): \_\_\_\_\_

Ministry position(s) for which you are applying or are currently involved in:

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If this ministry is not available, would you consider a different ministry?  Yes  No

If yes, which other ministries might interest you?

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**Youth Age 14 to 17**

*I certify that the information provided on this Volunteer Information Form is true and complete. I understand that this information will remain confidential and is the property of Camp Lemieux. As well, I understand that my name and phone number will be given to the appropriate Ministry Coordinator/Leader so that she/he may contact me.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Parent/ Guardian Consent and Permission For Leave of Absence From Camp Lemieux**

I give my permission for \_\_\_\_\_ (*name of applicant*) to volunteer at \_\_\_\_\_ **Camp Lemieux** \_\_\_\_\_ (*name of Ministry*) and I take responsibility for him or her. I understand that she/he is to participate as a ministry volunteer and will be expected to comply with the applicable Ministry Position Description(s), Camp Lemieux Policy Manual and the Guidelines for Camp Lemieux Volunteers and to be faithful in honouring his or her volunteer commitments.

I certify that the information provided on this Volunteer Information Form is true and complete. I understand that this information will remain confidential and is the property of Camp Lemieux. As well, I understand that the applicant's name and phone number will be given to the appropriate Ministry Coordinator/Leader so that he or she may contact the applicant.

I also understand that should the applicant fail to comply with the Ministry Position Description(s) and the Guidelines for Camp Lemieux Volunteers or fail to keep a commitment without giving adequate advance notice, his or her participation may be re-evaluated. I understand the contents of this Volunteer Information Form.

I have voluntarily agreed to accept transportation for my child to, during and from programming associated with Camp Lemieux. I hereby release Camp Lemieux, its employees, volunteers, Board members, and/or its agents in any location where Camp Lemieux activities are conducted, of and from all claims which may hereafter develop or accrue to my child or me on account of injury, loss or damage, which may be suffered by my child or me or to any property, because of any matter, thing, or condition, negligence or default whatsoever while participating in this program. I hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by any reason of any matter, thing, or condition, negligence or default, or any person or persons whatsoever.

I hereby \_\_\_\_\_ DO or \_\_\_\_\_ DO NOT (please check) grant permission for \_\_\_\_\_ (*name of son/daughter*) to leave the Camp premises on weekends if they so desire. I realize that Camp Lemieux will not assume responsibility for my son/daughter when they are off the premises.

The person executing this release acknowledges understanding and acceptance of executing this release.

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

Relationship to applicant: \_\_\_\_\_

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

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