



FOR CHILDREN

Out here we raise spirits.

Position Applying for:

- Camp Nurse
- Volunteer Doctor

Surname: _____		Given Names: _____	
Social Insurance Number: _____			
Address: _____			
City: _____	Province: _____	Postal Code: _____	
Telephone #: _____		E-mail _____	
Years of experience _____		Registration No. _____	

With your application, please include proof of most current registration as well as your CV

Please describe your past five years of work experience

<u>Company/Institution</u>	<u>Dates</u>	<u>Job Title</u>

Education: _____

Degree: _____

Describe any special skills or experience that you would like us to know about:

Your Availability:

Please indicate which month and times you would like to volunteer for the Zajac Ranch for Children.

July August (please circle one or both)

Please indicate the amount of volunteer time you are willing to commit to: (please circle)

One Week A weekend Four days on call basis

Please state any previous camp experience:

Would any family members be coming to camp with you? (if so please list names and children's ages)

1. _____
2. _____
3. _____
4. _____

How did you hear about the Zajac Ranch for Children? _____

I knowingly and freely assume all risks associated with my volunteer activities and release the Mel Jr. & Marty Zajac Foundation, its officers, directors, staff, partners, and other volunteers from any and all liability. I understand that in my capacity as a volunteer with the Zajac Ranch for Children I may come in contact with confidential information. I agree to protect this information to the best of my ability and not to divulge it during my volunteer service or after my volunteer service has ended.

I consent to the use of my photograph for any media as it pertains to the Zajac Ranch for Children and its programs

Name (Please print)

Witness Name (Please Print)

Signature

Witness