

Zajac Ranch for Children – Family Appointed Personal Support Worker Application

Thank you for applying to support a camper at Zajac Ranch for Children. Please read the following information carefully. If you have any questions about the application process you may contact the Registration Coordinator at (604) 739-0444.

To attend Zajac Ranch for Children as a Family Appointed Personal Support Worker you must:

- Be 19 years of age or older with relevant support care experience with the child (Siblings must be 21 years of age or older).
- Have a valid Criminal Record Check completed within 6 months of camp start date.
- **Not** be a parent/guardian.
- Must complete a prior assessment over the phone.

To apply for a Criminal Record Check (CRC) you must:

- Have a minimum Canadian credit history of at least six months.
- Have been residing in Canada for two years or longer.
- Correctly answer a set of security questions unique to your personal credit history.
- Have a current Canadian address.

How to apply for a Criminal Record Check (CRC)

Online Link: <https://justice.gov.bc.ca/eCRC/>

Access Code: L7QHT9PZ6Y

1. Go to above Link and enter the access code above (specifically for ZR)
2. Follow the online procedure and submit request (the CRC fee is FREE because we are a charitable organisation)
3. Zajac Ranch will be emailed a copy of the CRC approval notice and will notify you when received.

Please note we are not able to approve any Family Appointed PSW's without a CRC check. Please apply early to (by April 1) ensure we are able to approve your application and the application of the individual you are supporting.

Once complete please submit form to Zajac Ranch:

Email: info@zajac.com

Fax: (604) 739-0441

Postal mail:

Zajac Ranch for Children

Sales and Registration Coordinator

#300 – 2006 West 10th Avenue

Vancouver, BC, V6J 2B3

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Please note that during busy period the approval for applications can take up to 14 working days. To ensure we are able to approve the application of the camper you are supporting please ensure that this application is submitted as soon as possible to avoid delays.

I will be accompanying (Camper Name): _____ to camp.
Camp week attending: _____
Have you applied for your CRC check? <input type="checkbox"/> Yes <input type="checkbox"/> No – I will be applying within 6 months of the start of camp

YOUR INFORMATION

First Name	Last Name	Gender	
Nickname	DOB (DD/MM/YYYY)		
Address	City	Province	
Postal Code	Phone	() -	
Email (important for orientation info)	Primary Language		
		Weight (in LBS)	
T-Shirt Size	PLEASE CHECK ONE: Adult XXL: <input type="checkbox"/> Adult XL: <input type="checkbox"/> Adult L: <input type="checkbox"/> Adult M: <input type="checkbox"/> Adult S: <input type="checkbox"/>		
Health Card #	Doctor's Name:	Doctor's Phone	() -

YOUR EMERGENCY CONTACTS

	Name	Relationship to PSW	Work Phone	Home Phone	Cell Phone
Primary			() -	() -	() -
Secondary			() -	() -	() -
Physician			() -		

If we are not able to reach an emergency contact, we may contact the family physician for more medical information

Year of last Tetanus (Td or Tdap): _____

Note: If you're not up-to-date with tetanus immunization and they sustain a puncture wound while at Zajac Ranch, you will be required to go off-site for any first aid required.

YOUR GENERAL MEDICAL HISTORY

Dietary Restrictions/Allergies

- None

- Dietary Restrictions:

- Dietary Allergies (non-life threatening):

- Life-Threatening Dietary Allergies (Anaphylactic - requiring EpiPen):

NOTE: Primary EpiPen must be kept on your person at all times when out of your room to ensure medical staff can locate it in the event of an emergency.

Location of secondary EpiPen:

EpiPen expiry date:

Other Allergies

- None

- Non-Life Threatening Allergies (include expected reaction):

- Life-Threatening Allergies (Anaphylactic - requiring EpiPen):

NOTE: Primary EpiPen must be kept on your person at all times when out of your room to ensure medical staff can locate it in the event of an emergency.

Location of secondary EpiPen:

EpiPen expiry date:

Medical History: **(include any other illnesses, medical problems, or special needs we should be aware of):**

YOUR MEDICATION

Note: All medications administered at camp (including over-the-counter medicines and vitamins) must be written on this form. You should bring all medications and any other supplies necessary while at camp. The medical staff will store and administer medications as directed by you.

Please send all medications in their original bottles, properly labelled with your name. They must have correct pharmacy labels including dose and frequency for medications to be given at camp.

Drug Name	Dose	Frequency	Time of Day

Supplemental Nutrition

WAIVER AND CONSENT FOR MEDICAL TREATMENT

I, _____ hereby release the Zajac Ranch for Children and The Zajac Foundation, its board members, staff and sponsors, from responsibility and liability for any injury or illness that I may sustain during my length of stay at the Zajac Ranch.

I, the undersigned, recognize the possible physical risk involved in all activities including but not limited to Lifeguard supervised swimming, Lifeguard supervised boating & fishing, guided horseback riding and the high/low ropes course under supervision of certified instructors. I authorize the Ranch Director or his/her appointee, in the event of accident or illness to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for my care and well-being.

Signature:	
Date:	

AUTHORIZATION FOR THE USE OF PHOTOS/VIDEOS AND NAME	
I, _____ authorize The Zajac Foundation and Zajac Ranch for Children to use any photos/videos of me taken during my length of stay at The Zajac Ranch. The Zajac Foundation and Zajac Ranch for Children may also use my first name, and camp session I attended in photo captions, newsletters, social media etc.	
Signature:	
Date:	

GENERAL DECLARATION	
To the best of my knowledge, I am in good health. In the case of medical emergency, I understand that effort will be made to contact the aforementioned individuals. In the event they cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, order injection, anesthesia, or surgery for me. By signing, I also give permission, if necessary, for the above credit card to be used to assist in treatment (if care card is not applicable):	
Signature:	
Date:	

ADDITIONAL AVAILABILITY	
We are often contacted by families who are unable to secure a family appointed PSW for the week their child/young adult is due to attend camp. If you do have additional availability during the summer, would you like us to connect you to families?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, which additional camp(s) might you be available for?	
Camp Session	
Camp Session	