



LEAD APPLICATION

STUDENT'S NAME _____

AGE _____ Email _____ phone # _____

- What do you hope to gain or grow in, by being participating in the student leadership program?
- Outside of Thrive program, where do you see yourself able to put your leadership training into practice?
- What makes you stand out as a good candidate for the program?
- Thrive is a Christian faith-based program, are you willing to enthusiastically participate in the faith-based components even if you believe differently (ie. skits, stories, songs and discussions lead by staff often have a spiritual focus)?
- A big part of leading is serving, doing less exciting things so those you are leading can be successful. This means sometimes you have to defer your own wants and desires to help the kids. Are you able to do that?
- What are three passions or skills of yours that you could share / do with the kids (ie. soccer, drawing, etc.)?



L.E.A.D. REGISTRATION

LEAD Participant's Full Name: _____

Age _____ ☐ Male ☐ Female

Permission to travel in Thrive Busses, vans, charter busses or senior staff vehicles if necessary to carry out Thrive programming.

Parent Signature _____

BC Care Card #: _____

Physician: _____ Phone: _____

First Parent(s): _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2nd Parent(s): _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Conditions: _____

Allergies: _____

Swimming level ___ weak, ___ average, ___ strong. Level achieved? _____

Immunizations up to date? ___ yes, or ___ not immunized

Anything senior staff need to be aware of to ensure safety and success of this applicant?

Permission to call Physician/Ambulance ☐ Yes ☐ No

Person to Contact in Emergency if parents can't be reached: _____

Relationship: _____ Phone: _____

Address: _____



Staff In Training – Availability

Please check off the weeks you are available below. Some weeks are shorter than others, so please take note of that.

- ☐ July 2-5 (4 days)
- ☐ July 8-12 (5 days)
- ☐ July 15-19 (5 days)
- ☐ July 22-26 (5 days)
- ☐ July 29-August 1 (4 days)
- ☐ August 6-9 (4 days)
- ☐ August 12-16 (5 days)
- ☐ August 19-23 (5 days)
- ☐ August 26-29 (4 days)

Please choose the age group you would prefer to work with

- ☐ Ages 5-10
- ☐ Ages 7-12



CONSENT TO A CRIMINAL RECORD CHECK FOR VOLUNTEERS

(WORKING WITH CHILDREN AND/OR VULNERABLE ADULTS)

IMPORTANT: Please read information and instructions on Page 2. To avoid processing delays, ensure all relevant fields are complete and the form is dated and signed.

WORKS WITH (choose one): ☒ children ☐ vulnerable adults ☐ children and vulnerable adults
Please verify with your volunteer organization which "works with" category applies to you.

PART 1: APPLICANT INFORMATION

Legal Surname / Last name:	Legal Given / First Name:	Legal Middle Name:		
Date of Birth: YYYY MM DD	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birthplace:		
Additional Names (Alias, Maiden Name, etc.):				
Surname / Last Name:	Given / First Name:	Middle Name:		
Residential Address:	City:	Province:	Country:	Postal Code:
Mailing Address (If Different from above):	City:	Province:	Country:	Postal Code:
Contact Area Code & Phone No.	Driver's Licence #:			

PART 2: VOLUNTEER ORGANIZATION INFORMATION

To be completed by an authorized organization representative

SECTION A Complete this section if you have been provided an ID number by the Criminal Records Review Program (CRRP).

Volunteer Organization Name: Kelowna Full Gospel Church Society/Out of School Care

Organization Contact Person Name and Title (the person to receive the result of the criminal record check):
Jennilee Greig - Director of Out of School Care

ID Number (Provided by the CRRP): 1451496

SECTION B If you are unable to provide an ID Number please complete ALL of Section B.

Volunteer Organization Name:

Organization Contact Name or Title (The person receiving the result of the check):

Mailing Address:	City:	Province:	Country:	Postal Code:
Office Area Code & Phone No:	Organization E-Mail Address:			

SECTION C

Volunteer's position/Job Title with volunteer organization: Child Care Volunteer

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS:

I have read and understand the consent for release of information and acknowledgments on Page 2.
I hereby consent to these terms as indicated by my signature below:

Applicant Signature	Date Signed YYYY / MM / DD
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CONSENT TO A CRIMINAL RECORD CHECK -- VOLUNTEERS

CHECKLIST FOR APPLICANT

To get started: My organization has either directed me to complete the paper consent to a criminal record check form and fax or mail to the Criminal Records Review Program or my organization is registered with the CRRP and enrolled for the online service and has provided me with their unique link to go online and complete the consent to criminal record check electronically.

- ☐ - I have completed the form truthfully, clearly and legibly and signed and dated.
- ☐ - I have read and understand the Consent for Release of Information and Acknowledgements and information regarding the Freedom of Information and Protection of Privacy Act (FOIPPA)
- ☐ - My volunteer organization has verified my ID in person to confirm my identity and information on the consent form is accurate.
- ☐ - My volunteer organization will retain the original form and will forward a copy to the Criminal Records Review Program.

CHECKLIST FOR ORGANIZATION

- ☐ - The volunteer / applicant will provide you with the original, completed and signed consent form.
- ☐ - Retain the original form(s).
- ☐ - Forward a copy of the form to the Criminal Records Review Program by mail, fax or email:

MAIL: Criminal Records Review, Ministry of Justice, PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1
FAX: 250-953-0408
EMAIL: criminalrecords@gov.bc.ca
- ☐ - Verify the ID of each volunteer / applicant in person to confirm their identity and to ensure the information matches what was provided on the consent form. NOTE: Please use a Canadian Driver's Licence if the applicant has one.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

Pursuant to the B.C. Criminal Records Review Act

- ☐ - I hereby consent to a check for records of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act;
- ☐ - I hereby consent to a check of all available law enforcement systems, including any local police records.
- ☐ - I hereby consent to a vulnerable sector search to check if I have been convicted of and been granted a pardon for any sexual offences of the Criminal Records Act.
- ☐ - I understand a criminal record check under the criminal records review act is required at least once every five years. Go to the RCMP website for additional details on vulnerable sector checks:
<http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>
- ☐ - I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court, corrections, and crown counsel relating to an outstanding charge or conviction of any relevant or specified offence(s) as defined under the Criminal Records Review Act or any police investigations deemed relevant by the Registrar.
- ☐ - Where the results of this check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- ☐ - The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant or specified offence(s) and the matter has been referred to the Deputy Registrar;
- ☐ - The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and / or physical, sexual or financial abuse to vulnerable adults as applicable.
- ☐ - The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant or specified offence(s) for which I have received a pardon.
- ☐ - If I am charged with or convicted of a relevant or specified offence(s) at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check form.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA): The information requested on this form is collected under the authority of the *Criminal Records Review Act* section 4(1) and section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The information provided will be used to fulfil the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185.

Immunization & Tuberculosis Control Form (Child Care)

See 'The Guide' to Applying for a Child Care Licence

Applicants must complete and submit this form to Licensing Direct with their application for a licence.

This document may also be used at the time of initial employment to record compliance with the British Columbia immunization and TB control program for employees, volunteers and others working in the child care facility. Staff immunization is not mandatory in community care facilities however it is strongly recommended as a best practice to protect staff and persons in care. Licensees must keep a record of each employee's immunization history even if the immunization is incomplete.

References: Child Care Licensing Regulation Section 19 (1) (f) and Section 21

I have read the recommended immunization schedule (on the back) and to the best of my knowledge my immunization history is:

- ☐ **Complete**
☐ **Incomplete**

I am aware that I may be asked to remain absent from the facility in the event of a disease outbreak.

Tuberculosis Control Program (required if you work on first nations land)

- ☐ **I have been screened for and demonstrate evidence of freedom from Tuberculosis and maintain a record for review by the Licensing Officer**
-

Printed Name: _____

Facility Name: _____

Signature: _____

Date (dd/mm/yyyy): _____

Recommended Immunization Schedule

Recommended vaccines for health and childcare workers are identified in the *Communicable Disease Control Immunization Program: Section III Immunization of Special Populations*, available from the BC Centre for Disease Control website at <http://www.bccdc.ca>. Please check this site to verify the most current information.

Recommended vaccines for health and childcare workers	
All routine vaccines	<ul style="list-style-type: none"> • Tetanus-diphtheria (Td), varicella, MMR • Meningococcal C conjugate for those born on or after January 1, 1988
Polio vaccine	<ul style="list-style-type: none"> • Primary immunization is recommended for all health care workers (HCW). • Administer a single booster dose 10 years after primary series • Those who have not completed a full primary series should have the series completed, regardless of the interval since the last dose. • Provided free.
Hepatitis B vaccine	<ul style="list-style-type: none"> • Recommended and provided free by employers for: <ul style="list-style-type: none"> • HCWs who may be exposed to blood or body fluids, or who may be at increased risk of sharps injury, bites, or penetrating injuries. • Not recommended for child care workers except in exceptional circumstances where direct contact with infected blood or body fluids is a likely and ongoing risk. • BC Ministry of Health provides free vaccine to students of health care professions. Refer to BC Communicable Disease Control Manual, Chapter 2, Section VII Biological Products
Influenza vaccine	<ul style="list-style-type: none"> • Immunize yearly. • Provided free.

¹ For specific vaccine schedule information, refer to *BC Communicable Disease Control Manual, Chapter 2, Section VII Biological Products*.

Source: BC Centre for Disease Control. *Communicable Disease Control Immunization Program. Section III – Immunization of Special Populations*. July 2009. p. 46.

Thrive Summer Day Camp at a Glance

A calendar of events for the whole summer will be posted on our website www.thrivekidscanada.ca soon, please print out the calendar of your center and keep it handy for reference on where and what is going on each day.

Daily Schedule:

7:45-8:30 Quiet indoor free play:

Coloring, drawing and melted bead art, board games etc.

8:30-9:30 – Outdoor play, quiet indoor free play

9:30-Rally – Team split, daily agenda/reminders, ground rules, songs, team cheers etc.

ALL STAFF MUST BE ONSITE READY TO BE ENTHUSIASTIC NO LATER THAN 9:25 am 😊

9:45 Snack

10:00 sun screen & bathrooms line up for transportation

10:10 leave for out trip

(Sometimes we leave early for special reasons. Please keep an eye on your calendar!)

12:00 lunch break / shade break/ circle games, stories, etc. Sunscreen, drink checks.

3:30 return from out trip- washrooms

(Some out trips return later keep an eye on the calendar for these)

3:35 Snack at Rally

Rally – songs, cheers, awards, tomorrow's reminders etc.

Staff in training should try and be able to stay until 4:00pm

4:00ish - Group games, art projects or outdoor free play

5:00 clean up inside and out – all hands on deck including kids

5:30 SHARP closed – please make sure to be picked up before this time 😊

More details you should know

Sr. Staff oversee the direction, safety, well being and discipline / behavior management of the children. Staff in Training (that's you) do not deal with behavior other than passing on issues to Sr. Staff.

- SITs – **1st priority: to be the KIDS HEROs**, to emotionally support and encourage children, helping loners integrated, helping sad children, showing the kids that EVERYTHING we do is awesome and worthy of doing with all your might- enthusiasm, helping with team spirit, team cheers, etc.
- **2nd Priority is to assist the Sr. staff** in whatever they need assistance with, sun screening kids, checking drinks, watching washrooms, help on trails, etc.
- SITs (you) must still give Jr. leaders (9-12 year old campers) leadership opportunities as well. ie. Let them explain the game; get them to tie younger kids shoes etc. let them hand out snacks etc.
- **BE a positive role model** in language, enthusiasm, and dress, and over all respect and honor.
- Wear your staff shirt every day. You will get your shirt on your first day.
- Dress: staff shirts – modest shorts, no crack no cleavage, no ugly t-shirt designs, and remember we are examples and professionals.
- **Bathing suits must be modest**, practical and professional for running around in. Guys should wear board shorts, and girls' bathing suits should be high cut at the top end and low cut at the bottom ☺ cover cleavage, be aware you may be asked to wear a tank top over it. (no mid drifts showing)
- **Sandals must have a back strap** and suitable for swimming and hiking in. (NO FLIP FLOPS) Crocks with back straps are ok.
- **You must have your swim suit and towel with you every day** even if there is no water activity listed on the calendar. When we are at water you will be required to be in the water with the kids. (Any staff in training that can't swim will be in shallow water with younger kids, or be playing in the sand etc.)
- There will be several times in the summer that ALL staff get together in the evenings for team meetings and fun ☺ you are welcome to these events... there are also some fun social activities for staff on the weekends these are optional. Information on these will be emailed throughout the summer.
- Questions can be directed to your Sr. Staff Mentor or your camp center **manager**
- Reference letters and volunteer hour certificates are given out in September.
- Please note: no cell phone, electronics, or head phones use.
- **SO GLAD TO HAVE YOU ON BOARD!!! This summer is going to be a blast!!!**