



BC Professional Fire Fighters' Burn Fund **BURN CAMP - Counselor Application** **(IAFF Members only)**

Please email, mail or fax completed application to contact info on bottom of page:

APPLICATION DEADLINE - MAY 17, 2019

Position: COUNSELOR (IAFF Member)

Description & Expectations:

At Burn Camp, our Counselors stay in a cabin with Campers and do camp activities throughout the entire week (Sunday – Friday). Each Counselor is assigned an age group and within that group, the Counselor is specifically paired with two Campers (same gender). In some cases, a Counselor may be paired with just one Camper who has special needs (i.e.: a physical disability or behavioural concern). Every Counselor will know who his/her Camper(s) are right at the start of camp and once campers arrive at Burn Camp Kick-Off, Counselors must be with, or know where, their Camper(s) are at all times.

The schedule for Burn Camp is jam packed with all kinds of great activities. Counselors are expected to participate in camp activities with their Campers and provide encouragement and a positive attitude. Cabin groups sit together during meals, do evening activities together (depending on the night) and prepare and present a cabin skit on Wednesday night. On average, Burn Camp welcomes 70 Campers ranging in age from 6-18 years old.

Each cabin has a Cabin Rep, this is someone who has been at camp for at least two years as a Counselor. The Cabin Reps are still assigned Campers but have the added responsibility of being the cabin leader and managing any cabin or Camper issues. Cabin Reps also liaise with the Burn Camp Committee members. Cabin Reps are great resources for new Counselors who may have questions about camp and how things work.

In order to bring together all the selected Counselors, new and returning, we host a Mandatory Counselor Orientation Session (MCOS) the Saturday before camp begins. It is required that every single Counselor attend, whether it's your first year or sixth year, as it allows everyone to meet and be a part of the Counselor training for the week ahead.

Burn Camp 2019 is our 26th year and without a doubt, it has been our outstanding Counselors and their dedication which has enabled Burn Camp to be such a successful program for so many children who have suffered a burn injury. Thank you for your interest in being a Counselor.

The next page details travel information dates that you need to know so please read on.

Specific Dates, Travel Info and Time Commitment for all Counselors

Friday, July 19, 2019:

All out-of-town Counselors & Junior Counselors **who are travelling by plane** will arrive in Vancouver (on the latest arriving flights we can book for you that day) and you will be met at the airport by a Burn Camp Rep who will drive you to the hotel where you will share a room with another Counselor or Junior Counselor of your same gender.

All out of town Counselors **who are driving themselves to Vancouver** may proceed directly to the hotel where you will share a room with another Counselor or Junior Counselor of your same gender.

Saturday, July 20, 2019:

All Counselors & Junior Counselors will attend the Mandatory Counselor Orientation Session (MCOS). You will be driven to the location or (if it's near the hotel) you will be given directions on how to walk there. This is an all-day event. While you are in this session, our Campers from out-of-town will be arriving throughout the day, they will be taken care of by other chaperones who will check them into the hotel and provide some type of activity.

When the MCOS is over (approx. 4pm), you will return to the hotel and prepare for dinner. All out-of-town Counselors, Junior Counselors and Campers will have dinner together and then go to some type of event such as bowling. Additionally, on this night, you will be paired with 2 campers, of your same gender, who will be sharing your hotel room and for which you are responsible. (These will not necessarily be the same campers you will look after at camp.)

Sunday, July 21, 2019:

All Counselors, Junior Counselors & Campers will be taken by bus from the hotel to the Kick-Off location. After the Kick-Off event is over (12 noon) you will board buses to proceed to the Burn Camp location. Now camp officially begins!

Sunday, July 21 to Friday, July 26, 2019:

You will be at Burn Camp.

Friday, July 26, 2019:

Last day of camp and all Campers leave. Counselors stay at camp for a mandatory de-brief session that happens in the early afternoon.

Dinner is provided for all Counselors that evening.

Out-of-Town Counselors **who are travelling by plane**, will stay overnight and then be taken to the airport on Saturday, July 27th for flights departing in the afternoon or early evening.

Out-of-Town Counselors **who are driving back home** have the option to stay for dinner and/or overnight or are free leave directly after the afternoon de-brief session has ended.

IMPORTANT NOTE:

The Burn Fund office will book and pay for all flights and hotel accommodations. The list you have just read is our standard operating procedure for the days before Camp 'officially' begins and after Camp ends.

If you have specific travel requirements that are outside of the dates listed above or if you don't require a hotel room for the Friday night, please contact Nola at the Burn Fund office 604-436-5617 (as soon as you know you have been selected as a Counselor or Junior Counselor) to discuss. It is much easier for us to book it correct the first time than make adjustments. Thank you!



BC Professional Fire Fighters' Burn Fund

BURN CAMP - Counselor Application

(IAFF Members only)

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APPLICATION DEADLINE - MAY 17, 2019

PERSONAL INFORMATION

Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ Postal Code _____

Email _____

Shirt size: S M L XL XXL XXXL

IAFF Local Number _____ How long have you been an IAFF member? _____

***NOTE* - To be considered as a Counselor you must have at least 1 year as an active Fire Fighter.**

Department Name _____

I, _____ (President) support _____ (Fire Fighter's) application for a BCPFF Burn Camp Counselor position. I verify the information is true and valid to the best of my knowledge and this member is in good standing.

Approval – Local President Name: _____ Date: _____

Sign: _____ Contact #: _____

SECTION A

1. Are you fluent in any foreign languages? Please indicate _____

2. Do you possess a current Lifeguard/Water Safety Certification? Yes (if yes, submit copy) No

3. Do you possess any other type of current certification? Yes No

Please submit a copy and explain _____

4. What age group do you have previous experience working with?

Ages 6-9 Ages 10-13 Ages 14-18 All None

5. What age group do you prefer working with?

Place number 1, 2, 3 in order of preference Ages 6-9 Ages 10-13 Ages 14-18

6. Are you comfortable being placed one-on-one with a high-needs child with the assistance of a Camp Staff member? Yes No

7. If you a returning Burn Camp counselor, how many years have you attended previously? _____
What years? _____

8. If you are returning and it will be your third year or more as a Counselor, would you be interested in the opportunity to be a Cabin Rep? Yes No

9. If yes, what attributes and qualities do you feel you have to offer as a Cabin Rep?

SECTION B - HEALTH INFORMATION:

Date of Birth: _____

Male Female

Family Doctor _____

Phone _____

Care Card Number _____

Do you have any allergies (food, medications, environmental)?

If yes, please list _____

Please describe severity of your allergic reaction (rash, anaphylaxis or discomfort)

We will accommodate all food allergies but please understand that we are not able to accommodate food preferences.

Do you take medication for a particular reason? Yes No

If yes, please list _____

For your safety, are there any other medical conditions that the staff should be made aware of? Yes No

If yes, please list and explain _____

There is a strict no smoking policy while attending camp.

COUNSELOR EMERGENCY AUTHORIZATION

In the event that I, _____, cannot consent to treatment in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director, to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for me.

Sign _____ Date _____

PRIMARY PERSON TO CONTACT IN CASE OF EMERGENCY:

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Address _____ City _____

Province _____ Postal Code _____

SECOND PERSON TO CONTACT IN CASE OF EMERGENCY:

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Address _____ City _____

Province _____ Postal Code _____

COUNSELOR PHOTOGRAPHY RELEASE FORM

The photograph(s) video, and/or general information may be used as needed in the administration of the BCPFF Burn Fund's Burn Camp and/or may be published in, or used by, any of the media (including newspapers, magazines, television, radio, pamphlets, brochures, reports, etc.), without any liability on the part of the BCPFF Burn Fund.

FINAL RELEASE

This is to certify that I, _____, have made application to the BCPFF Burn Fund Burn Camp, and hereby declare that the information provided by me in this application is true, correct and as complete to the best of my knowledge. I understand that any misstatements or omissions of fact shall be considered a cause for dismissal. I also grant the release of any information that may be helpful to the Burn Camp Committee in an investigation of my background.

Sign

Date

PLEASE NOTE:

No cameras or cell phones are allowed at camp. Only our designated photographers will be taking photos. All campers and counselors will receive a USB stick of the Burn Camp photo slideshow/video in August.

Would you consider driving a Camp bus? Yes No
(Class 2 Licence required) _____

Please check the following if you will be qualified prior to the camp and **ENCLOSE COPIES** of both sides of certificates. Please note certification is not a requirement of acceptance but is an asset.

LIFE GUARD _____ Expiry Date: _____

CPR LEVEL _____ FIRST AID LEVEL _____

OTHER CERTIFICATES _____

DRIVER'S LICENCE # _____ DRIVER'S LICENCE CLASS _____

**PLEASE INCLUDE A VALID COPY OF DRIVER'S LICENCE &
ONE OTHER PIECE OF VALID IDENTIFICATION (i.e. BC Care Card)**



BC Professional Fire Fighters' Burn Fund BURN CAMP - Counselor Application (IAFF Members only)

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SURVEY:

General fundraising for the Burn Fund is essential for the operation and delivery of programs and events such as Burn Camp. Bright Nights is the only fundraiser organized solely by the Burn Fund and its success is critical for the operations of the Burn Fund and continuance of an annual Burn Camp. The Burn Fund Board of Directors is always looking for ideas to maintain our programs and provide sustainable means of revenue. We require the applicants to complete this survey to help the Board of Directors in managing the Burn Fund programs and expenses. Please complete the questions below.

Have you ever volunteered time at Bright Nights? Set up Operations Tear Down

If yes, how many days have you worked at Bright Nights and which years?

Have you worked on any other Burn Fund specific Fundraisers? Yes No

If yes, please give us details about the event, when you worked on the event and what you did for the event.

**** Procedure for CRIMINAL RECORD check ****

Please be advised that all applicants are required to complete a mandatory Criminal Record check as part of the process to participate in the BC Professional Fire Fighters' Burn Fund Burn Camp in any volunteer capacity.

The Burn Fund has enrolled in the Criminal Records Review Program (CRRP), a service allowing volunteers to fill out their information online which is **convenient, easy and FREE of charge.**

The results will be emailed directly to the Burn Fund office and will be kept in strictest confidence.

To complete your criminal record follow these easy steps:

1. Visit the blue Online Link below;
2. Enter the access code provided below;
3. Type the red characters shown on the webpage into the box directly below on same page;
4. Then select one of the grey boxes:
 - a. **Either** 'Request a New Criminal Record Check' **OR**
 - b. 'Share the Result of a Completed Criminal Record Check' (if you have recently completed a criminal record check.)
5. Then proceed through the rest of the online form.

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

Access Code: **C78A8Q6SWJ**

Thank you for your time, should you have any problems with this procedure, please contact Nola Laubach at nola@burnfund.org or 604-436-5617.

Massage Therapy Release Form

1. Client Contact Information

Please print clearly and complete all the responses to the best of your knowledge.
(All information is strictly confidential)

Name: _____ Birth date: _____

Address: _____
City Province/State Postal/ Zip Code

2. Client Medical Information

For your safety, our therapists must be aware of all medical conditions for which you have been diagnosed.

Have you had massage treatments before? Yes No

Are you currently under a physician's care? Yes No

Are you taking any medications? Yes No

If yes, please describe: _____

Do you have a tendency to bruise easily? Yes No

Have you recently been exposed to a communicable disease? Yes No

If yes, please describe: _____

Do you have any recent injuries? Yes No

If yes, please describe: _____

Specific Medical Conditions

Please check any of the following medical conditions/symptoms that you have experienced in the last year.

Immunity Related Disorder

Sciatica

Stroke

Varicose Veins

Surgery

Herpes Simplex

Whiplash

Asthma

Angina

Phlebitis/Thrombosis

Fibromyalgia

Disc Problems

Insomnia

Hypertension

Migraines

Contagious Disease

Pregnancy

High Blood Pressure

Repetitive Strain Injury

Heart Disease

Hospitalization

Hepatitis

Carpal Tunnel

Other: _____

Arthritis: Yes No Describe: _____

Cancer or Tumors: Yes No Describe: _____

Cardiovascular Disease: Yes No

Anemia

Angina

Atherosclerosis

Hemophilia

Congestive Heart Failure

Heart Attack

Heart Murmur

Hypertension

High Blood Pressure

Other _____



Diabetes: Yes No Describe: _____

Kidney/Liver Disease: Yes No Describe: _____

Respiratory or Lung Condition: Yes No Describe: _____

Skin Conditions: Yes No

Acne	Abrasions/Cuts	Birthmarks/Moles	Warts
Bruises	Dermatitis	Eczema	Herpes
Hives	Psoriasis	Skin Tags	Sunburn
Poison Ivy/Oak/Sumac	Other _____		

Injuries: Yes No Describe: _____

Burns: Yes No

Describe area, severity and scars received from burn injury and indicate burn date.

Please read and sign

I verify that all information is correct and current to the best of my knowledge. I understand that any information provided is for safety purposes and will be kept strictly confidential. I hereby give my consent to receive massage services from a Burn Camp Massage Therapist and I acknowledge and agree that I am doing so at my own risk. My health and safety with respect to such services are my sole responsibility and I do not hold the therapist liable for medical information not disclosed that could alter effects of massage therapy received. My decision to receive services from a Burn Camp Massage Therapist is voluntary, and I know of, understand and assume any and all the risks associated with treatment.

In exchange for receiving services from a Burn Camp Massage Therapist I, hereby waive, release and discharge the Burn Camp Massage Therapist and the Burn Camp Staff from any and all liability connected to treatment received. I acknowledge that I have read, and understand, the release set forth in the preceding paragraph, and agree to such terms.

Client Name Sign Date

Parent/Guardian Sign Date

3. Benefits of Massage Therapy

Massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow. If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session. I understand that the services offered today are not a substitute for medical care. I affirm that I have notified my therapist of all known medical conditions and injuries. I agree to inform the therapist of any changes in my health or medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so. I understand that massage is entirely therapeutic and no techniques out of scope of practice will be used. I understand that I have the right to stop treatment for any reason, as does my therapist.

By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy.

In reading the above information I _____ give my permission for my child
(Parent/Guardian Name)

_____ to receive massage therapy treatment during Burn Camp 2019.
(Child's Name)

Parent/Guardian Sign Date



British Columbia Professional Fire Fighters' Burn Fund

To All Campers, Parents/Guardians, Counselor & Junior Counselors,

Please find below two of our Burn Fund Policies for Burn Camp. These policies were developed to protect everyone that is involved with our camp and organization. Please read the following policies and go over them with your children, then please sign to acknowledge that you understand and will adhere to these policies. We will have the photos taken at camp by our Official Photographers and will be available to the campers on a flash drive mailed to them after camp.

Sincerely,

Brian Pederson

Brian Pederson,
BCPFF Burn Camp Director

BURN CAMP PHOTOGRAPHY POLICY (Section 9.11 Burn Fund Policy & Procedure Manual)

- a) The Burn Camp Executive shall determine how many photographers are required for Burn Camp and shall identify them by designating them as an 'Official Photographers' of Burn camp.
- b) All campers and counselors must present a completed Photo Release Form with their application before being accepted to Burn Camp.
- c) No other cameras or cell phones with cameras will be allowed at camp with the exception of the Burn Camp Committee who may carry cell phones for safety and logistical reasons. Part e) still applies to all members of the Burn Camp Committee.
- d) All campers and counselors must sign a form agreeing to comply with the policy that no other cameras or cell phones with cameras will be allowed at camp.
- e) Anyone (other than an 'Official Photographers') found using a camera of any sort at Burn Camp will constitute grounds for ejection from Burn Camp.
- f) All photos from the 'Official Photographer(s)' shall be reviewed by the Burn Camp Director to ensure that any requested 'black-out' has been honoured and that all photos are appropriate for public release.
- g) No one may display or distribute any photos that have come from any source other than the 'Official Photographers' unless approved by the Executive Director or the Burn Camp Director.





British Columbia Professional Fire Fighters' Burn Fund

CONTACT WITH MINORS POLICY (Section 9.12 Burn Fund Policy & Procedure Manual)

- a) Representatives of the Burn Fund shall only contact a minor when they are conducting Burn Fund business and shall notify the following of the contact;
 - i) The minors' parent or guardian.
 - ii) The Burn Fund Office.
 - iii) The Executive Director.
- b) Parents or guardians of a Burn Survivor minor shall be instructed to notify the Burn Fund Office if they become aware of any contact between a representative of the Burn Fund and their dependant that they had not previously approved.
- c) If a representative of the Burn Fund is contacted directly by a minor, they shall;
 - i) inform the parent or guardian of the contact.
 - ii) remind the minor that all communication must go through the Burn Fund Office.
 - iii) cc the Burn Fund Office and the Executive Director with the reply to the minor.
- d) All representatives of the Burn Fund shall do everything humanly possible, to ensure that they are never physically alone with a minor. ('Physically Alone' is loosely defined as being out of eyesight and listening range of a witness.)
- e) Representatives of the Burn Fund shall not engage in any activity that would encourage or foster a personal relationship with an underage burn survivor outside of Burn Camp. This includes, but is not limited to, contacting a minor through a social networking site such as 'Face Book' or 'Twitter'.
- f) When contact with a minor is required to be 'in person', every effort must be made to ensure another adult is present.
- g) When contact with a minor is conducted verbally, every effort must be made to ensure another adult can at least hear the conversation.
- h) When contact with a minor is conducted in written form, by letter or e-mail, a copy must be sent to the Burn Fund Office and the Executive Director.
- i) All minors, along with their parents or guardians, shall be informed of these policies and procedures.

I have read and understand the above policies as stated in the British Columbia Professional Fire Fighters' Burn Fund Policies & Procedures Manual. I will adhere to these new policies as presented.

Camper/Counselor Name

Parent or Guardian Signature

Camper/Counselor Signature

Date

Please email completed application to nola@burnfund.org