



CAMP CAROWANIS INC.

785, Plymouth, Suite 210, Mont-Royal (Québec) H4P 1B3
Tel : (514) 731-9683 / Fax : (514) 731-2683
carowanis@diabetes-children.ca
www.diabetes-children.ca

2011 EMPLOYMENT FORM

Please complete this form and return it by e-mail, fax or regular mail.
Please join your résumé, two reference letters and your picture.

Employment is from July 4 to August 13, 2011, preceded by a training from June 25 to July 3.

No prior knowledge of diabetes is required; however, you will receive a nine-day course prior to the campers' arrival.

Our program offers three two-week sessions between which you will have a weekend off.

You will be lodged in a tent on a platform equipped with cots.
Food and laundry services are provided.

Only bilingual candidates aged 17 and older will be considered.

POSITION REQUESTED:

NAME: F M

ADDRESS: CITY: POSTAL CODE:

TEL. : (.....)

E-MAIL :

BIRTH DATE: AGE AS OF JUNE 30, 2011:

ARE YOU A FULL TIME STUDENT? NO YES

SCHOOL ATTENDED ON SEPTEMBER 2011:

FIELD OF STUDY:

HEALTH INSURANCE NUMBER: EXP.: /

SOCIAL INSURANCE NUMBER:

DO YOU HAVE DIABETES? NO YES IF YES, DATE OF ONSET?

DO YOU AUTHORIZE CAMP CAROWANIS TO VERIFY YOUR CRIMINAL RECORD VERIFICATION?

NO YES

HOW DID YOU HEAR ABOUT CAMP CAROWANIS?

SIGNATURE : DATE :