



**2017 BRUCE AWAD SUMMER PROGRAM
RETURNING EMPLOYEE INFORMATION FORM**

PLEASE PRINT CLEARLY

Name: _____
FIRST NAME LAST NAME

Current Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Cell: _____

Email Address: _____

Emergency Contact: _____
NAME RELATIONSHIP TELEPHONE

Allergies: _____ Medical Conditions: _____

Position in 2016 (Check one): _____ Support Worker _____ Supervisor _____ Focus On Youth/Student

Are you interested in a supervisor position if one becomes available? _____ YES _____ NO

Are you currently a full time student? _____ YES _____ NO

Will you be a full time student in September 2017? _____ YES _____ NO

Do you require a staff tee-shirt _____ YES _____ NO Size S M L XL XXL Quantity: _____

CERTIFICATIONS

First Aid _____ YES _____ NO Expiry Date: _____

CPR _____ YES _____ NO Expiry Date: _____

BMS _____ YES _____ NO Expiry Date: _____

Police Vulnerable Sector Check*: Date Issued (Month/Day/Year) _____

(*You will be required to sign a Police Vulnerable Sector Check Declaration in your Employment Agreement)