



2009-2010 Candidate's file

You are a few steps away from becoming a Katimavik participant!

In order to participate in Katimavik, all candidates must print out, complete and return the candidate's file. The selection process will begin in March 2009 and will continue as long as there is room left in the program. Once we have received your completed file, we require 4 to 8 weeks for processing.

→ **Please send us the following documents so that we can complete your file:**

1. Medical form fully completed by you and your family doctor;
2. BackCheck form fully completed;
**Documents obtained at your local police station are not accepted. We only accept the criminal record checks done by BackCheck.*
3. Questionnaire (2 pages);
4. A photocopy of a document confirming your age and status as a Canadian citizen or permanent resident.

Any proof of citizenship or residency must be government issued.

Only the following documents will be accepted:

- Provincial birth certificate
- Canadian passport
- Citizenship or permanent resident card

If you are selected for the program, you will be contacted for a second language evaluation. We evaluate the oral second language skills of every candidate prior to and after the program. This is NOT A TEST and is done for statistical purposes only. **The language evaluation has NO bearing on your acceptance to the program.**

IMPORTANT

- Keep photocopies of everything you send us.
- Katimavik does not reimburse any fees related to the application process. You are fully responsible for any costs related to the medical form and criminal record check.
- If you need assistance with the application process, please contact the Participants Office at 1 888 525-1503, extension 2352, or at selection@katimavik.org.

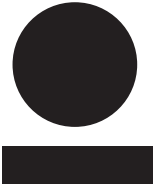
ONCE COMPLETED, RETURN YOUR APPLICATION TO:

KATIMAVIK PARTICIPANTS' OFFICE
2100, Pierre-Dupuy Avenue
Wing 2, Suite 3010, Cité du Havre
Montréal, Québec H3C 3R5

Telephone: 514 868-0898 or 1 888 525-1503 Fax: 514 868-0901

Good luck!

2009-2010 Medical form



THIS SECTION IS TO BE COMPLETED BY THE CANDIDATE.
THE ORIGINAL DOCUMENT IS TO BE GIVEN TO THE DOCTOR
DURING THE MEDICAL EXAM.

PAGES 5 TO 8 MUST BE COMPLETED BY THE DOCTOR.

**TO CANDIDATE: This questionnaire must be completely filled out.
Candidates may be rejected if the questionnaire is incomplete.**

Getting a doctor's appointment can take several weeks. Call immediately to book an appointment with your family doctor. If you do not have a family doctor, make sure you book an appointment with the clinic you go to most frequently.

Remember: you are responsible for paying any fees related to the completion of this form.

_____	_____	_____	Sex F <input type="checkbox"/> M <input type="checkbox"/>
Last name	First name	Date of birth (dd/mm/yyyy)	

Mailing address (number, street, apt.)

_____	_____	_____
City	Province	Postal code

_____	_____	_____
Home phone number	Other phone number	E-mail

Can the Katimavik doctor send confidential and medical information to this e-mail address? NO YES

_____	_____	_____
Name of emergency contact	First name	Relation

Mailing address (number, street, apt.)

_____	_____	_____
City	Province	Postal code

_____	_____	_____
Home phone number	Other phone number	E-mail

1. DO YOU HAVE ALLERGIES? IF SO, SPECIFY YOUR ALLERGY AND DESCRIBE THE TYPE OF REACTION AS PRECISELY AS POSSIBLE.

Medication	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
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Food	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
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Other	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
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CANDIDATE'S INITIALS: _____

<p>CHECK EACH ITEM ANSWERING NO OR YES AND CIRCLE THE RELEVANT POINT</p>	<p>NO</p>	<p>YES</p>	<p>IF YES, ELABORATE Please continue your answer on the back of this questionnaire, citing the question number.</p>
<p>2. In order for us to get an overview of your family history, please indicate if any member of your immediate family (father, mother, brother, sister) been treated for: a) depression b) psychosis c) suicide attempts d) other psychological or psychiatric problems? Selecting any answer to this question will not affect the approval of your application.</p>			
<p>3. a) Have you ever had problems with the law or the police? b) Do you have a criminal record? (If yes, describe when and the circumstances)</p>			
<p>If you answer YES in questions 4 to 10, please provide the most recent case evolution notes, reports of consultations with specialists (if required), notes on previous case tracking, or any other relevant document. Any file considered incomplete will delay the application's evaluation process.</p>			
<p>4. Have you ever suffered from attention deficit disorder, hyperactivity, learning disabilities or behavioural problems at school? (If yes, specify the treatment and the date or period of treatment)</p>			
<p>5. Do you have or have you had a drug, narcotic or drinking problem? (If treatment was required, give the name of the doctor, date, agency and treatment)</p>			
<p>6. Do you suffer or have you suffered from anorexia or bulimia? (If yes, specify the date and the name of the doctor)</p>			
<p>7. Have you ever been diagnosed as suffering from depression? (If yes, specify when, the duration, the medication and the name of the doctor and centre and the address)</p>			
<p>8. Have you ever suffered from personality disorders? (If yes, specify)</p>			
<p>9. Have you ever consulted one or more of the following specialists? a) neurologist b) psychiatrist c) psycho-analyst (If yes, specify which one, the date, the reason for the consultation and the name of the professional)</p>			
<p>10. Have you ever been hospitalized for a mental health problem? (If yes, specify when and where)</p>			
<p>11. Have you had any type of surgical procedure? (If yes, specify the type of procedure and give the date)</p>			
<p>12. Have you ever been hospitalized for any reason not already mentioned? (If yes, specify when and why)</p>			
<p>13. Have you consulted a doctor or any other health professional during the last 3 years? (If yes, specify the name of the doctor, the date and reason for consultation)</p>			
<p>14. Have you ever had a health problem that requires regular follow ups? (If yes, specify the problem and date)</p>			
<p>15. Are you currently suffering from any health problems? (If yes, specify what)</p>			
<p>16. Have you ever been in contact with a person who had tuberculosis? (If YES, please specify the date, as well as any tests administered or treatments received.)</p>			
<p>17. Do you follow a particular diet for any medical reasons? (If yes, specify the reason) What is your current weight? _____ kg or _____ lbs</p>			

CANDIDATE'S INITIALS: _____

18. Have you taken any of the following drugs during the past 12 months?

	NO	YES	NAME OF DRUG	TAKEN FOR	WHEN	DOSAGE	HOW OFTEN
Tranquilizers							
Antidepressants: Effexor, Luvox, Prozac, Zoloft, Wellbutrin, etc.							
Anti-psychotics: Risperdal, Zyprexa, Seroquel or others							
Stimulants: Ritalin, Dexedrine, etc.							
Other (specify)							

19. Provide any other details on the state of your health:

Participants must advise Katimavik’s medical team of any change in the state of their health (including a pregnancy) that occurs between the time of the medical examination and the beginning of their program.

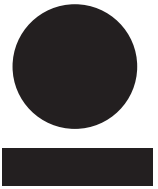
I certify that the statements made by me in this questionnaire are true, complete and correct to the best of my knowledge and belief.
 I understand that any misrepresentation or material omission made on a medical form or other documents requested by Katimavik invalidate this form or any subsequent contract. I also assume responsibility for all damages that could result from such a false declaration or omission for myself as well as for others.
 I hereby authorize the physicians, hospitals or clinics to turn over to Katimavik’s medical team a complete, confidential transcript of my medical record for the purpose of processing my application.
 I authorize Katimavik’s medical team to provide the Participants’ Office, field staff in charge of my group or any other health professional with information deemed pertinent to my health throughout the program.

_____ Date

_____ Signature of the candidate

The answers to the above questions will be treated with strict confidentiality.

CANDIDATE’S INITIALS: _____



THIS SECTION IS MEANT FOR THE DOCTOR

Re: Request for medical assessment

Dear Doctor,

The bearer of this medical examination form has applied to participate in the Katimavik program.

This person must give you the first part of the duly completed medical form. Please be sure to return both parts of the form as soon as possible. Receipt of the medical file and its approval by Katimavik's medical team are basic requirements for candidate selection.

As Canada's leading national youth volunteer-service program, Katimavik's mission is to foster the personal development of our nation's young people through a challenging program of volunteer community work, training and group interaction. Katimavik offers youth between the ages of 17 and 21 an exciting 6 to 9 month journey of self-discovery in 2 or 3 regions of Canada. Each group is made up of 11 participants from different parts of Canada, living in a house rented by Katimavik with a project leader who supervises their activities. The program is based on the concept of service learning, which integrates both personal and professional development through volunteer work for non-profit organizations. Participants work on a volunteer basis 35 hours per week on community projects. They may be called upon to work with vulnerable groups of people (children, the elderly or people with disabilities) or to do physically demanding tasks (landscaping, restoring historical buildings, etc.).

To benefit fully from the program, all candidates must be in excellent physical and mental health, have a liking for adventure, and demonstrate independence and open-mindedness. We must emphasize that our program is not to be treated as an opportunity for rehabilitation or psychotherapy.

Candidates are rejected or dismissed from the program every year for medical reasons (physical or mental unfitness). If you have doubts about the candidate's ability to participate in the program please let us know, for the benefit of both the candidate and the program.

One of Katimavik's doctors may contact you for more information. We ask that you keep a copy of this completed form as well as the candidate's authorization to release information to us (see page 3).

On behalf of all Katimavik participants, we thank you for your cooperation. We will be pleased to provide further information on our program if you need it.

You can reach us at 514 868-0898 or 1 888 525-1503, Monday to Friday, from 9 a.m. to 5 p.m. (Eastern time).

Yours truly,

Marc Meilleur
Participants' Office Manager

N.B. The candidate is responsible for any fees related to this medical examination.

CANDIDATE'S INITIALS: _____

Medical history to be filled out by a doctor

Name of the candidate: _____

1. Are you the family doctor? NO YES
2. How long have you known this person? _____
3. How many times have you seen this person in the past? _____
4. **DOES THIS PERSON HAVE ANY ALLERGIES?** NO YES
 If yes, which one(s)?
Is an adrenaline prescription required? NO YES
5. Has this person ever had or does this person presently have:
 (If so, give details at the bottom of this page or at the end of this questionnaire.)

CHECK EACH ITEM	NO	YES	CHECK EACH ITEM	NO	YES	CHECK EACH ITEM	NO	YES
Frequent headaches or migraines			Other gastro-intestinal problem			Anxiety disorder		
Fainting			Urinary disorder or kidney disease			Suicide attempt		
Convulsions or epilepsy			Gynaecological problem			Behavioural difficulties		
Other neurological problems			Diabetes			Depressive episode		
Hematological problems			Hyperthyroidism			Bipolar disorder		
Tumour or neoplasia			Other endocrine disorder			Personality disorder		
Immunosuppression			Dermatosis			Other psychological or psychiatric problem		
Vision problem			Chronic or recurring pain			Sub-average intellectual functioning		
Ear, nose and throat problems			Functional limitation or handicap			Tropical disease		
Cardiovascular disease or hypertension			Other musculoskeletal problem			Tuberculosis or contact with a person with TB		
Asthma or other respiratory problem			Attention Deficit Disorder			Significant weight loss or gain		
Jaundice or hepatitis			Substance abuse			Pervasive developmental disorders (PDD, autism, Asperger's Syndrome or other)		

Details :

CANDIDATE'S INITIALS: _____

6. We strongly recommend that the patient's vaccinations be up to date before their departure.

Date of last DT: _____

Hepatitis B: Vaccination completed YES NO

7. Medication prescribed

In the past 5 years:

Name	Dosage	Starting date	Duration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Presently being taken:

Name	Dosage	Starting date	Expected duration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. PHYSICAL EXAMINATION:

Height: _____ cm Weight: _____ kg

Please check if normal	Normal	Blood pressure:	Pulse:
GENERAL HEALTH		Abnormal - indicate:	
Eyes			
Ears, mouth			
Lungs and chest (breasts)			
CVS			
Abdomen (hernia)			
Skin, ganglionic areas			
Musculo-skeletal exam			
CNS (sensory, motor, reflexes, equilibrium)			
Genital-urinary or gynaecological exam (if necessary)			
Other (according to the state of health)			

9. Additional comments on the person's physical condition:

CANDIDATE'S INITIALS: _____

10. LIST LIMITATIONS AND DIAGNOSES	IS FURTHER ASSESSMENT OR TREATMENT NECESSARY?	IF YES, PLEASE SPECIFY AND INDICATE IF IT MUST BE DONE BEFORE DEPARTURE

TO WHAT EXTENT COULD THESE DIAGNOSES AFFECT THE INDIVIDUAL'S ABILITY TO FUNCTION?

IN THE EVENT OF A DIAGNOSIS OF A PSYCHOLOGICAL OR PSYCHIATRIC NATURE, PLEASE ATTACH ALL REPORTS FROM THE PSYCHOLOGIST OR PSYCHIATRIST.

REPORT ATTACHED

NO REPORT IN FILE

11. Please evaluate the physical and mental capacity of the candidate to cope with this 6 to 9 month program, as described on page 4.

Specific recommendations:

12. _____

Name of physician (print)

Signature _____ Date

13. Address: (print, stamp or seal)

14. Telephone : _____

15. Fax: _____

16. Number of attachments, excluding this form: _____

CANDIDATE'S INITIALS: _____



BackCheck criminal record and vulnerable sector check

Katimavik policy

As part of the Katimavik program, you will be required to live with a group, stay with billeting families and work with disabled persons, senior citizens and children. Katimavik must take necessary and reasonable measures to protect the group, its staff and everyone involved with the program. One of these measures is to require a criminal record check, which is mandatory for applicants 18 years or older in order to be accepted into the Katimavik program.

Rejection of application

The following people cannot be accepted to the Katimavik program:

- Anyone completing a sentence.
- Minors who are currently in a youth centre on court order under terms of the Youth Criminal Justice Act.
- Anyone awaiting judgement or against whom a charge has been laid or may be pending.
- Anyone who has committed an offence of a sexual nature or an immoral act, as well as offences against an individual or their reputation.

Existing criminal record

We want you to know that the existence of a criminal record does not mean your application will be rejected automatically. However, there are certain limits and criteria that must be respected.

If you have a criminal record but are not in the above-mentioned categories, you can be accepted to the program if you completed all sentences linked to your conviction.

If you are 18 or older, follow these steps in order to obtain a BackCheck criminal record:

1. Print a copy of the BackCheck form (two pages)
2. In section 3, indicate your name, position applied for (volunteer), the type and identification number of the photo ID you are submitting
3. Complete section 4, titled **Participant Contact Information**
4. Complete the **Participant Payment Information** section
5. Complete the form titled **Consent for Disclosure of Personal Information**
6. Sign the **Statement of Understanding and Consent** section
7. Send us a photocopy of a piece of photo ID. The photocopy must be a clear colour copy or a quality black and white copy that will allow us to identify you without question. You can use your provincial health card as photo ID for all provinces **except** Ontario.
8. If you are paying by a method other than credit card, make sure the certified cheque or money order is made to the name of **Backcheck** and not Katimavik. If we receive payment to the order of Katimavik, we will have to return the cheque or money order to you, which will slow down the process. Remember, the processing fee for all participants is **\$36.75** (including GST).

Once everything has been completed and signed, send your application and payment (credit card information, certified cheque or money order) to:

KATIMAVIK PARTICIPANTS' OFFICE
2100, Pierre-Dupuy Avenue - Wing 2, Suite 3010, Cité du Havre
Montréal, Québec H3C 3R5

If you have questions or require assistance, please do not hesitate to call us at 1-888-525-1503, extension 2265.

Consent for Disclosure of Personal Information

Canadian Criminal History Check & Vulnerable Sector Search

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

PLEASE NOTE: The following information and photocopies of identification are for identification purposes only, allowing BackCheck to accurately proceed with the assembly of criminal record information for participation purposes. BackCheck will hold all personal information confidential.

Given Name(s): ▼		Middle Name(s): ▼	
Surname: ▼			Gender: <input type="checkbox"/> Female Check One <input checked="" type="checkbox"/> Male
Maiden Name & Other names used, either past or present, including aliases and nicknames: ▼			Birth Date: (yyyy/mm/dd) ▼ 1 9
Place of Birth: ▼			
City		Province	Country
Current Address: ▼			
Unit #	Street #	Street Name	Postal Code
Current Address Continued: ▼			
City		Province	Country
Previous Address – if less than 5 years ago: ▼			
Unit #	Street #	Street Name	Postal Code
Previous Address Continued: ▼			
City		Province	Country
Telephone: ▼		Alternate Telephone: ▼	
Ext.	Ext.	Ext.	Ext.

I certify that the information in this Disclosure for Personal Information is true and correct to the best of my ability.

Declaration of Offences	Have you been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Have you been granted a conditional discharge within the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Have you been granted an absolute discharge within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If Yes, please provide details on ALL convictions (if more space is needed, please attach additional pages as required):			
	Offence	Date (yyyy/mm/dd)	Location	Penalty

Disclaimer: The existence of a conviction will not preclude you from consideration for participation with **Katimavik**. Details of the offence are requested to enable **Katimavik** to determine whether the offence is related to your intended position.

Statement of Understanding and Consent	<p>I have applied to Katimavik for a participation position. Part of the screening process includes a criminal history check which searches the RCMP Canadian Police Information Centre (CPIC) database. BackCheck conducts these investigations on behalf of Katimavik.</p> <p>I hereby consent and authorize a Canadian Police Department to search for and disclose on my behalf to BackCheck who is requesting the criminal history check on behalf of Katimavik the fact that records may exist on me and are registered on the CPIC database. I acknowledge that such records may include information relating to criminal convictions under the <i>Criminal Code</i> (Canada) for which a pardon has not been granted and conditional and absolute discharges which have not been removed from the CPIC database in accordance with the <i>Criminal Records Act</i>.</p> <p>I authorize BackCheck to release all information obtained to Katimavik and hold harmless BackCheck upon the release of this information or its findings to Katimavik. I understand that failing to provide accurate information or omission of facts herein may disqualify me from consideration for participation with Katimavik.</p> <p>Furthermore, if there is a discrepancy with the information provided by myself on this form and that disclosed by a Canadian Police Department during this investigation of my criminal records history, I understand that I have the option to provide my fingerprints to resolve any discrepancy or dispute.</p> <p>This request is made in compliance with any applicable provincial or municipal public sector privacy legislation which allows a public body or municipality to disclose my personal information to me or my agent upon my request, and in particular in accordance with the <i>Nova Scotia Municipal Government Act</i> and the <i>Ontario Municipal Freedom of Information and Protection of Privacy Act</i>.</p>	
	Candidate Signature: Authorizing Criminal History Check X	Date: (yyyy/mm/dd) ▼ 2 0

Vulnerable Sector Searches	<p>This section of the form is to be completed additionally by anyone applying for a position of authority and trust and is responsible for the well being of one or more children or vulnerable persons. The candidate consents to a search being made of criminal conviction records to determine if the candidate has been convicted of a sexual offence listed in the schedule to the <i>Criminal Records Act</i> and has been pardoned.</p> <p>I consent to a search being made in the CPIC database which is maintained by the RCMP, to find out if I have been convicted of, and been granted a pardon from, any of the sexual offences that are listed in the schedule to the <i>Criminal Records Act</i>. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the <i>Criminal Records Act</i> in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the RCMP to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.</p>	
	Candidate Signature: Authorizing Vulnerable Sector Search X	Date: (yyyy/mm/dd) ▼ 2 0

Note: Both signatures are required to authorize a Criminal History Check with a Vulnerable Sector Search.



Questionnaire

PART 1: Personal information

Last name

First name

Health card number

Social insurance number (SIN)

PART 2: We want to learn more about our future participants. Please carefully and thoughtfully answer the following questions. You can attach your answers on a separate page if you need more room.

1. What do you expect to learn from the Katimavik program?

2. What will be your biggest challenge?

3. Qu'est-ce qui te motive à améliorer ta maîtrise de la langue française?

4. Katimavik is an intense program that takes place in a group living environment. What will you bring to your group?

PART 3: How familiar are you with the Katimavik program?

You can find the answers to these questions in the FAQ section of our Web site.

1. What kind of work projects does Katimavik offer? How many hours per week are participants expected to work?

2. Will you have a lot of free time during evenings and weekends?

3. What are the five learning programs?

4. Name three behavioural standards to which all participants must comply during the program.

5. What is the probation period?

6. Will you be able to receive visitors or temporarily leave during the program?

7. What is billeting?

8. Where do Katimavik groups live? Will you have your own bedroom?

g. What costs are covered by Katimavik? What costs are you responsible for?

PLEASE RETURN THIS DOCUMENT TO:
KATIMAVIK PARTICIPANTS' OFFICE
2100, Pierre-Dupuy Avenue
Wing 2, Suite 3010, Cité du Havre
Montréal, Québec H3C 3R5



Checklist

Ready to send your candidate's file?

Before sealing the envelope, make sure the following steps have been followed:

- Your medical form is completed and signed by you and your family doctor.
- You are sending us the original copy of your medical form and have kept a photocopy for yourself.
- Your BackCheck form is completed and signed (2 pages).
- You are sending us a photocopy of a piece of photo ID and your payment for your criminal record check.
- The questionnaire is fully completed (2 pages).
- You have included a photocopy of a document confirming your age and status as a Canadian citizen or permanent resident.

Any proof of citizenship or residency must be government issued.

Only a copy of the following documents will be accepted:

- Provincial birth certificate
- Canadian passport
- Citizenship or permanent resident card

If you have checked each box, you can now send us your candidate's file at:

KATIMAVIK PARTICIPANTS' OFFICE

2100, Pierre-Dupuy Avenue
Wing 2, Suite 3010, Cité du Havre
Montréal, Québec H3C 3R5

If you need assistance, please contact us at 1 888 525-1503, ext. 2352, or at selection@katimavik.org.

Thank you!