



# HEARTS IN ACTION

*Programming that promotes the development of the whole child*



Applicants,

Thank you for your interest in Alberta AdaptAbilities Association Summer Camp job opportunities. To ensure the success of the Hearts In Action program and its participants there are specific details needed to build a successful team.

Please refer to the chart below and submit the required material by Monday, March 5, 2012:

| Required Documents                 | Submitted                | Required                 |
|------------------------------------|--------------------------|--------------------------|
| Resume                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Application Form                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Statement "Why I am interested..." | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 professional references          | <input type="checkbox"/> | <input type="checkbox"/> |

**Do not** send forms that are partially completed. Ensure that your forms are completed.

Please email, fax or mail the above documentation to:

Alberta AdaptAbilities Association

c/o Human Resources

**Fax:** 780-634-5518

**Mailing address:** 11226 – 75 Avenue, Edmonton, Alberta, T6G 0H3.

**Email:** [hr@adaptabilities.ca](mailto:hr@adaptabilities.ca)

Once again thank you for your interest, only successful candidates will be contacted for an interview. If you have any questions, please feel free to contact our office at 780-431-8446



**Work Experience (Place in order of most recent)**

**Employer**

\_\_\_\_\_

Name of Supervisor

May we contact this individual?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Ph. Number: \_\_\_\_\_

**Employer**

\_\_\_\_\_

Name of Supervisor

May we contact this individual?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Ph. Number: \_\_\_\_\_

**Volunteering Positions Held**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe yourself and why you would value a position with AdaptAbilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, the above information is complete and correct.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



# AdaptAbilities Questionnaire



**Please use this rating scale for the first three questions:** 1- very comfortable  
 2- somewhat comfortable  
 3- open to exploring  
 4- would not be willing to do

1. Please rate your comfort level with following categories of special needs.

**Rating**

- \_\_\_\_\_ Physical i.e. Cerebral Palsy
- \_\_\_\_\_ Mental illness i.e. Depression, suicide
- \_\_\_\_\_ Behavioural i.e. Oppositional defiant disorder
- \_\_\_\_\_ Emotional i.e. Low self-esteem, high anxiety
- \_\_\_\_\_ Cognitive i.e. Down syndrome, Brain injury

*Note\* many children have a combination of special needs and will fall into more than one category.*

2. Please rate your comfort level with personal care.

**Rating**

- \_\_\_\_\_ Assisting with Feeding
- \_\_\_\_\_ Assisting with Bathing
- \_\_\_\_\_ Assisting with Toileting – toddlers \_\_\_\_\_ Male \_\_\_\_\_ Female
- \_\_\_\_\_ Assisting with Toileting – all ages \_\_\_\_\_ Male \_\_\_\_\_ Female
- \_\_\_\_\_ Medical (g-tubes)
- \_\_\_\_\_ Full personal care needs i.e.) lifting, bathing, feeding, toileting

3. Please rate your comfort level with the following ages of children.

**Rating**

- \_\_\_\_\_ 0-2 \_\_\_\_\_ 2-4 \_\_\_\_\_ 5-8 \_\_\_\_\_ 9-12 \_\_\_\_\_ 13-17

- 4. Is there a particular disability you would like to gain further experience with?
- 5. Are you comfortable working simultaneously with two children with special needs?
- 6. Are you comfortable working with a child with special needs who has a sibling without special needs?
- 7. What languages do you speak fluently?
- 8. Do you have any allergies that we should be aware of when deciding on an appropriate placement?
- 9. Do you smoke? (some children have smoke allergies or obsessions with cigarettes)
- 10. Is there anything you would like to add?



# Staff Availability

This form must be completed and submitted twice annually, upon request from a Program Coordinator. Include as much detail as you can. Be aware that if you indicate that you are not available to work during the Christmas break (for example) then you will not be scheduled to work.

Name: \_\_\_\_\_

### Please check one:

September - April       May – August

### Scheduling:

Preferred amount of hours per week: \_\_\_\_\_ Maximum: \_\_\_\_\_ Minimum: \_\_\_\_\_

Please complete the chart below with the days (i.e. Mon - Sat) and or dates you are **AVAILABLE** to work.

| Month    | Days/Dates Available |
|----------|----------------------|
| January  |                      |
| February |                      |
| March    |                      |
| April    |                      |
| May      |                      |
| June     |                      |

| Month     | Days/Dates Available |
|-----------|----------------------|
| July      |                      |
| August    |                      |
| September |                      |
| October   |                      |
| November  |                      |
| December  |                      |

Please indicate your **preferred** start and end times (7:00am – 9:00pm).  
If you are able to work a split shift, please indicate start and end times in each column.

Monday: Start \_\_\_\_\_ End \_\_\_\_\_

Tuesday: Start \_\_\_\_\_ End \_\_\_\_\_

Wednesday: Start \_\_\_\_\_ End \_\_\_\_\_

Thursday: Start \_\_\_\_\_ End \_\_\_\_\_

Friday: Start \_\_\_\_\_ End \_\_\_\_\_

Saturday: Start \_\_\_\_\_ End \_\_\_\_\_

Monday: Start \_\_\_\_\_ End \_\_\_\_\_

Tuesday: Start \_\_\_\_\_ End \_\_\_\_\_

Wednesday: Start \_\_\_\_\_ End \_\_\_\_\_

Thursday: Start \_\_\_\_\_ End \_\_\_\_\_

Friday: Start \_\_\_\_\_ End \_\_\_\_\_

Saturday: Start \_\_\_\_\_ End \_\_\_\_\_

### Driving:

Do You Drive:     Yes       No

Would you be willing to drive Participants:  Yes       No

