



CampMed

VOLUNTEER APPLICATION

Please return your completed application form to:

Northern Ontario School of Medicine
CampMed Coordinator
Toll Free: 1-800-461-8777 ext. 7198
Tel: 705-662-7198
Fax: 705-662-7273
Email: campmed@nosm.ca

Please note:

If you are selected to participate as a volunteer for the NOSM CampMed a Criminal Records Check will be required prior to the start of the camp. The fee for Criminal Records Check will be reimbursed by NOSM.

Protection of Personal Information:

The Northern Ontario School of Medicine protects your privacy and your personal information. The personal information requested on this form is collected under the authority of the Letters Patent of the Northern Ontario School of Medicine dated November 15, 2002, and in accordance with the Freedom of Information and Protection of the Privacy Act. Personal information collected by the School is used for the purposes of determining eligibility and qualifications for the CampMed as well as to comply with funding and reporting requirements. Users of this information are the Northern Ontario School of Medicine and applicable funding agencies. Please direct any questions about this collection to Director, Admissions and Learner Recruitment, Northern Ontario School of Medicine, 955 Oliver Rd., Thunder Bay, Ontario, P3E 2C6, and Telephone: 1-800-461-8777.

First Name: _____ Last Name: _____

Mailing Address: _____
(Street) (Town/City) (Province) (Postal Code)

Telephone (home): _____ Email: _____

Self-identified Francophone? Yes No

Languages spoken: English French

Self-identified Indigenous (First Nations, Métis, or Inuit)? Yes No

Preferred Location: Laurentian University, Sudbury Lakehead University, Thunder Bay

I am currently enrolled in an undergraduate program and have completed at least 1 year of study.

Year of program completed: Year 1 | Year 2 | Year 3 | Graduated | Graduate Studies

University: _____ Program: _____

I am applying for the position of Team Lead

I am applying for the position of camp and Crime Scene Investigation Lead

Preferred T-shirt size: _____

Please outline any health, dietary or accessibility needs, including allergies (environmental/food):

Attached Essay of Intent

Please submit a 1-2 page essay that outlines your interest in medicine/health sciences, what sets you apart from your peers and your greatest accomplishment and failure.

Attached Resume/CV

Attached Reference letter

Provide a letter of recommendation from a referee that can speak to your character, personal qualities and academic capabilities. This reference can be an individual who knows you in the context of your academics (professor), research (thesis supervisor), employment (supervisor), or volunteer or community activities. Please ensure that this referee has known you for a minimum of one year.