



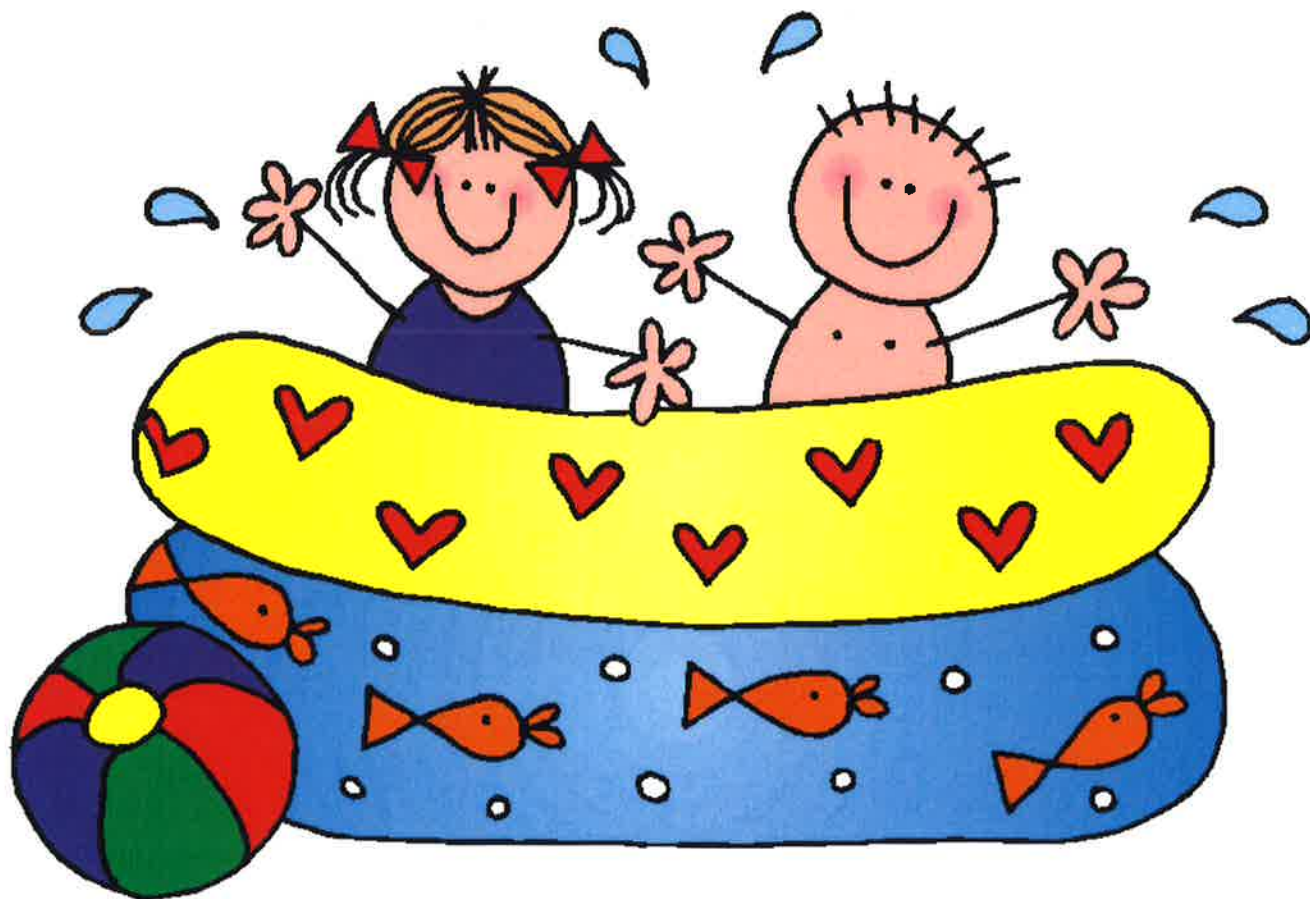
KWAKIUTL DISTRICT COUNCIL HEALTH

We Wai Kai Nation KDC Health

Quinsam & Cape Mudge

"Gawalla xa hamattalla" Helping Our People

JULY 4-JULY 8, 2016



Quinsam KDC Health Staff Schedules

Phone:250-286-8064 Fax:250-286-8071 Lunch Break 12:00-1:00pm Office Hours 8:30am-4:30pm

Amanda Roberts, Site Admin Coordinator Email: receptionquin@kdchealth.com- **Mon-Fri**

Georgina Isaac, Community Wellness Worker **Mon-Fri**

Email: georgina.isaac@kdchealth.com

Dianna Smith, Community Health Rep Email: dianna.smith@kdchealth.com –**Mon-Fri**

Linda Lavender, Arthritis Coordinator

Email: linda.lavender@kdchealth.com

Alisia Henkel, Community Health Nurse **Tues-Thur**

Email: alisia.henkel@kdchealth.com

Kathleen Power, Registered Dietitian (by appointment only) 250-286-9766

E-mail: kathleen.power@kdchealth.com

Natalie Crawford, Clinical Counsellor (by appointment) 250-286-8064 **Mon-Thurs**

E-mail: natalie.crawford@kdchealth.com

Allan Campbell, Mental Health & Addictions Program Manager (by appointment only)

E-mail: allan.campbell@kdchealth.com

Jacey Dick , Community Health Nurse **Email:** jacey.dick@kdchealth.com **Tue & Fri**

Shelby Huffman– Community Health Nurse (Mentor)

Email: shelby.huffman@kdchealth.com **Tues-Thur & Fri**

Cape Mudge KDC Health Staff Schedules

Phone:250-285-3996 Fax:250-285-3736 Office Hours 8:00am-4:00pm Lunch 12:00-1:00 pm

Ken Bell, Community Wellness **Mon & Tues**

Email: ken.bell@kdchealth.com

Patty Wilson, Community Health Representative **Mon–Fri**

Email: patty.wilson@kdchealth.com

Kathleen Power, Registered Dietitian (by appointment only) 250-286-9766

Email: Kathleen.power@kdchealth.com

Alisia Henkel, Community Health Nurse **Mon–Wed**

Email: alisia.henkel@kdchealth.com

Jacey Dick, Casual Community Health Nurse **Tues**Email: jacey.dick@kdchealth.com

Shelby Huffman, Comm Health Nurse (Mentor) shelby.huffman@kdchealth.com

Mon–Wen

Take Care of Yourself



QUINSAM & CAPE MUDGE WELLNESS CENTRE

9:00 - 4:00 Mon—Fri

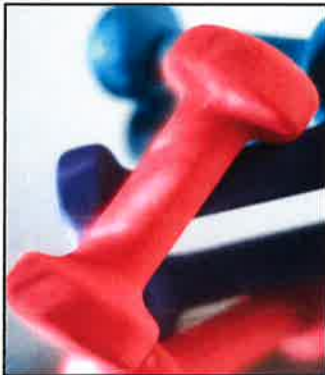
CLOSED FOR LUNCH 12:00-1:00

Sauna Benefits

Relaxation, Increase Circulation
Remove Toxins, Reduce Inflammation
Pain Relief, Improve Skin,
Weight Control and Improve Skin
Elasticity & Burn Calories



Weight and Cardio Room



Reduce Stress	Strength	Flexibility
Weight Loss	Decrease Body Fat	
Increase Endurance	Sleep Better	
Lowers Blood Pressure		

Paraffin Waxing (for hands and feet)

Arthritis Relief	Bursitis Relief
Smooth skin	Eczema
Inflammation	Stiff Joints





On-Call Casual Health Care Opportunity

Kwakiutl District Council

Location: Various KDC Health Sites

KDC Health delivers community-based health care programs and services in order to enhance the health and wellness of communities through excellence, accountability and respect for regional and cultural diversity.

On-Call Casual Personal Care Worker

Reporting to the Home & Community Care Coordinator, the On-Call Casual Personal Care Worker provides personalized care and support to clients in their homes by assisting with the activities of daily living. PCWs ensure safety and comfort, maintain hygiene, facilitate physical activity and promote independence and mental well-being of the client in a respectful and compassionate manner. *As an on-call casual worker, this position has no guaranteed hours and works "stand-by", accepting daily or weekly assignments for vacation relief, sick day or heavy workload. The position travels to all KDC site locations as dispatched.*

Qualifications:

- Certificate from a recognized institution in Home Support, Residential Home Care Attendant or equivalent.
- Level C First Aid and Current CPR certification.
- Two (2) years directly-related experience in residential home care, hygiene, supervision of medication, community health development, understanding of common disease processes and conditions throughout the life span.

Additional employment requirements:

- This position must have the ability to work flexible hours including evenings and weekends as required
- Must hold a valid BC Driver's Licence, valid car insurance and reliable vehicle.
- Must be able to provide official copies of academic and certification records.
- Must be able to provide three (3) business references. Valid references are defined as a direct supervisor who is familiar with the applicant's work.
- Must pass Vulnerable Criminal Records Check.
- Must have ability to bend and lift according to WCB standards (50 pounds).
- Must provide a current ICBC Drivers Abstract

In circumstances where there is an equal combination of qualifications and experience, preference will be given to people of Aboriginal heritage.

To receive a comprehensive job description, please email: administration@kdchealth.com

If you are interested in applying for this position, please submit your resume, cover letter (including salary expectations and three employment references) to:

Please forward a resume, cover letter and wage expectations to:

administration@kdchealth.com or mail to,

KDC Health

1400 A Drake Road

Campbell River B.C. V9W7K6

This posting will remain open until position is filled
Thank you in advance, but only those applicants selected for an interview will be contacted.



KDC Health
1400 A DRAKE ROAD
CAMPBELL RIVER, B.C. V9W 7K6
Phone (250) 286-9766
Fax (250) 286-9713

Upcoming Employment Opportunity, Human Resources Coordinator

Location: Campbell River, BC

As an employee of the Kwakiwilt District Council (KDC) you will be a key member of the senior management team, responsible for overseeing the human resources requirements of the KDC.

Reporting to the KDC Administrator, the HR Coordinator works as a member of the senior management team and provides support to the KDC team associated with day-to-day Human Resource related operations (i.e. benefits administration, training and capacity building, performance management, policy development/recommendations, and recruitment).

A diploma in Human Resource Management or Business Management or and acceptable combination of education training and experience, coupled with a minimum five (5) years directly-related experience in a Human Resources Management position, with minimum of one (1) year in a community setting, and experience in the health field and or working with First Nations would be an asset. Knowledge of Human Resource standards and best practices with demonstrated expertise in administration and payroll services. Highly developed organizational skills and detail oriented, proven interpersonal skills and the ability to work well with others; professional handling of confidential and sensitive information with discretion and an intermediate level of MS Office suite of programs is a must (i.e. Excel, Word, Power Point).

In circumstances where there is an equal combination of qualifications and experience, preference will be given to people of Aboriginal heritage.

To receive a comprehensive job description, please email: administration@kdchealth.com

KDC Health provides preventative and health promotion services for 6 of our member nations. For more information, go to www.kdchealth.com.

If you are interested in applying for this position, please submit your resume, cover letter (including salary expectations and three employment references) to:

KDC Health
1400 A Drake Road
Campbell River, BC V9W 7K6
Email: administration@kdchealth.com Fax: 250 286-9896

This posting will remain open until 4:30 pm, Thursday July 21, 2016
Thank you in advance, but only those applicants selected for an interview will be contacted.



To All Community Members

I want to take this opportunity to let you know that as of June 30, I will be resigning from KDC Health.

Our partnership with the Arthritis Research Canada will continue in collaboration with KDC Health to improve the Health of Community Members living with Arthritis .

Thank you all for many years of contributions and support in the development of programs allowing for increased knowledge and information on the importance of movement and education on Arthritis .

Take care and best wishes to everyone on their continuing journey to optimum personal health.

Sincerely

Linda Lavender RMT

Arthritis Coordinator

Wei Wai Kai First Nations

Cape Mudge Village
BIKE
week
Quadra Island, BC

Kids, Teens, Adults & Edlers Welcome
Learn to ride, improve your skills and have fun!

July 12 - 15

Morning Class & Instruction 10am-12pm
Lunch
Afternoon Guided Trail Riding

Registration

Vanessa Larochelle 250-202-6924

youth@wewaikai.com

Wei Wai Kai First Nations // Nolan Riding // BC Aboriginal Youth Mountain Biking Program

NOLAN RIDING
Choose your line



NOLAN RIDING

Choose your line

<p>RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT (hereinafter referred to as the "Release Agreement")</p> <p>BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT</p> <p style="text-align: center;">PLEASE READ CAREFULLY!</p>			
Name	Last	First	Middle Initial
Address	Street		
	City	Prov./State	Postal Code/ Zip Code

TO: NOLAN RIDING LTD., (Her Majesty the Queen in the Right of the Province of British Columbia and it's directors, officers, employees, instructors, guides, agents, representatives, independent contractors, subcontractors, suppliers, sponsors, successors and assigns (all of whom are hereinafter referred as "the Releasees")

DEFINITION

In this Release Agreement, the term "Mountain Biking" shall include all activities, events or services provided, arranged, organized, conducted, sponsored or authorized by the Releasees and shall include, but is not limited to: mountain biking; mountain bike rental; orientation and instructional courses, seminars and sessions; travel, transport and accommodation; and other such activities, events and services in any way connected with or related to mountain biking.

ASSUMPTION OF RISKS

I am aware that Mountain Biking involves many risks, dangers and hazards. The risks, dangers and hazards, including but not limited to: loss of balance; difficulty or inability to control one's speed and direction; variation or steepness in terrain; rapid or uncontrolled acceleration on hills and inclines; mechanical failure of equipment; variation or changes in riding surface including rocks, gravel, cliffs, trees, roots, tree stumps, streams and creeks and manmade structures such as bridges, ladders, berms and jumps; changing weather conditions; exposure to temperature extremes or inclement weather; travel or transport to and from the sites used for mountain biking; travel on highways and backcountry roads; encounters with domestic and wild animals including dogs, bears and cougars; collision with pedestrians, motor vehicles, and cyclists; becoming lost or separated from one's party; negligence of other participants; and **NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF MOUNTAIN BIKING.** Communication in the remote terrain, which is sometimes used for Mountain Biking, is difficult and in the event of an accident, rescue and medical treatment may not be readily available.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH MOUNTAIN BIKING AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the RELEASEES agreeing to my participation in Mountain Biking and permitting my use of their services, equipment and other facilities, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future against the RELEASEES AND TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury, including death, that I may suffer or that my next of kin may suffer, as a result of my participation in Mountain Biking, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN MOUNTAIN BIKING REFERRED TO ABOVE.
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES for any and all liability for any property damage, loss or personal injury to any third party resulting from my participation in Mountain Biking.
3. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the province where the Mountain Biking takes place and no other jurisdiction; and
4. Any litigation involving the parties to this Release Agreement shall be brought solely within the province where the Mountain Biking takes place and shall be within the exclusive jurisdiction of the Courts of that province.

In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with the respect to the safety of participating in Mountain Biking, other than what is set forth in this agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS RELEASE AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 20_____

Witness	Signature of Participant
Please print name clearly	Please print your name clearly
	Signature of Guardian if Participant is under the age of 18

NOLAN RIDING

Choose your line

Please take the time to fill out the form below. We keep these forms with us during all programs and activities in case of an accident or emergency. Thank you.

Emergency Contact and Medical Information

Child's Name

Date of Birth (MM/DD/YY)

Parent's/Guardian's Name

Parent's/Guardian's Name

Home Phone

Work Phone

Home Phone

Work Phone

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work Phone

Medical Information

Physician's Name

Phone Number

Allergies/Special Health Considerations/Any additional information that may be helpful

Parent's/Guardian's Signature

Date

JAM MAKING

JULY 4

9:00-12:00

Quinsam Office

Join our Nutri-
tionist Kathleen
and I to make
jam.

**All ingredients
are supplied.**



Car Seat Safety Picnic

Come join us for a picnic and
have a certified technician
take a look at your child's
seat



JULY 19

12:00-3:00

Spit Park

Is my child seat installed correctly?

Is it the correct seat for my child?



The Kids Bowl Free Summer Bowling Program is available in our community and we thought that your family might enjoy this great deal. Each child receives 2 FREE Games of Bowling Every Day All Summer and last summer over 2,000,000 kids enjoyed this great program.

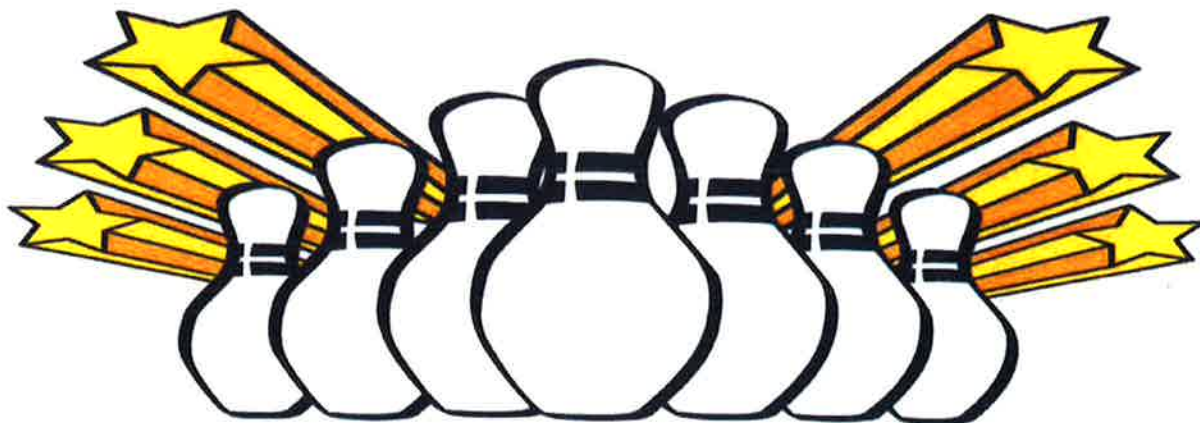
Here's How You Can Register Your Children/Family

1. Go to www.KidsBowlFree.com
2. Click on the State and then select the bowling center that you'd like to participate at.
3. Register your children to receive Free Bowling all summer long
4. Sign up the adults and/or older children for the optional Family Pass which allows up to 4 adult family members including parents, grandparents, older siblings, or an adult babysitter to join in the bowling fun.

If you need assistance with applying for your bowling pass please drop by the Quinsam office and we will be available to register you on line for your FREE bowling passes

Sincerely,

Georgina Isaac, Community Wellness Worker
Kwakiutl District Council Health



COMMUNITY GARDEN

Quinsam (Old Playground beside Mitzi's)



Monday 9:30-10:30

TIME CHANGE &

Wednesday 9:00-10:00