Potential	Staff
Member's	full name

MENTAL HEALTH/BEHAVIOURAL INFORMATION - to be completed by a health professional

* This section <u>must</u> be completed by the health professional who has worked with the participant in the last 2 years. e.g. counselor, psychiatrist

Staff positions at Snowbird Outfitters Inc. are mentally demanding - participants will get outside their comfort zone and push their limits. We require full disclosure of any mental health or behavioral issues to ensure the staff member's and others' safety. Our aim is to ensure that staff members are mentally fit so they are able to serve on Summer staff in full. Note that Snowbird Outfitters is unable to provide any counseling, treatment or support for mental health or behavioral issues.

What is/was the condition/ diagnosis?	
What triggered the condition?	
What were the symptoms?	
When were the last symptoms (include dates)?	
Has the participant ever been suicidal, attempted suicide or self-harmed?	NO YES - provide details including dates:
Has the participant displayed aggressive or violent behaviour?	NO YES - provide details including dates:



How was the condition treated?							
	Medication	Dosage	Date commen	Date commenced		Date discontinued	
			/	/	/	/	
			1	/	/	/	
			1	/	/	/	
What is the current state?		,	,				
Details of the health professional who completed this section:	Full name						
	Signature						
	Date						
	Occupation						
	Phone						
	Fax						
	Email						

Please return to: Snowbird Wilderness Outfitters ATTN: Staff Selection 75 Mae Johnson Way Andrews, NC. 28901

