

CATEGORY C

SUBJECT:

VOYAGEUR

OBJECTIVE(S)

To provide incentive for candidates to explore rivers and lakes by canoe.

PREREQUISITES

Qualified in Recreational Boating Proficiency and Camping Proficiency or have a qualification equivalent to both of the above from another recognized group or organization.

INSTRUCTORS/EVALUATORS

- Scout or Guide Leaders with canoeing trip experience.
- Any other responsible adult with recognizable canoe trip experience i.e., member of national or provincial parks.

REFERENCES AND MATERIALS

- Local libraries.
- Appropriate Federal, Provincial or Municipal government agency, ministry or department dealing with wilderness safety, navigation, pleasure crafts, small boats, or Canadian Wildlife.
- Canadian Coast Guard.
- St. John Ambulance, *National Camp Accreditation Certificate Program*.
- St. John Ambulance, *Cadet Camping Manual*, available at National Headquarters, stock no. 2112.
- St. John Ambulance, Ontario Council, *Camp Leadership Manual*. Copies available through your Provincial/Territorial Council.
- *Wilderness First Aid* text book.
- Internet.

CONTENT

1. Take part in a canoe trip of at least two days in length, covering a distance of at least 20 miles.
2. Be able to demonstrate proficiency in the following:
 - a) Preparation for a canoe trip (food, equipment, personal kit).
 - b) Demonstrate correct use of a map and compass.
 - c) Yoke and portage a canoe.
 - d) Emergency procedures in case of accidents (tipping, grounding, repairs of canoe/tent, lost camper).
 - e) Conservation laws and regulations (fishing and hunting).

DURATION

Two consecutive days.

CERTIFICATION

Candidate must demonstrate clearly they can fully participate through all phases of the trip.

CATEGORY C - OUTDOOR ACTIVITIES

CERTIFICATION OF SUCCESSFUL COMPLETION OF PROFICIENCY SUBJECT

VOYAGEUR

Instructors/Evaluators should carefully consider the age, ability and accessibility to resource materials of each candidate.

The candidate has completed the above content and meets the requirements to the satisfaction of the Instructor/Evaluator.

Name of Instructor/Evaluator: _____

Agency: _____

Address: _____ Tel #: _____

Instructor qualifications: _____

I certify that

_____ of _____
(candidate's name) (Division #)

meets the criteria of this proficiency subject, as laid out on the previous page(s).

Instructor/Evaluator (signature) Date

Divisional Superintendent (signature) Date