



Kauaeranga Valley Christian Camp

First Time/New Leader Application Form

Name: _____

DOB: _____ Male / Female

Address: _____

City: _____ Postcode: _____

Email: _____

Phone: _____ Mobile: _____

Parent/Guardian: _____

Address: _____

City: _____ Postcode: _____

Email: _____

Phone: _____ Mobile: _____

Expectations of Leaders

- Your priority is the campers allocated to your team
 - You are responsible for being a good role model and ensuring that the children are at the activities, according to the programme
- Being aware of and acting upon, any incidences of unfair treatment, bullying or inappropriate behaviour
 - Camp staff are available to intervene if necessary
- Alcohol, drugs and cigarette's, are not permitted on site
- Do not bring Laptops, iPads, iPods, MP3 players or any other electronic equipment
- Please leave your cell phones at home, or hand them in to staff upon arrival
 - Use of cell phones during camp will be at the managers discretion
- Ensure clothing is appropriate for the type of activities we do
 - **Girls:** miniskirts or mini-dresses are not acceptable, clothing that exposes your cleavage is not appropriate
 - Please do not wear bikinis (unless wearing a rash vest or t-shirt)
 - **Boys:** t-shirts / singlets / shirts (buttoned up) are to be worn during camp time unless swimming or kayaking
 - Please do not wear speedo's
- We are all part of a team, working together to ensure campers have a safe and enjoyable camp experience
 - If you are in a relationship with another leader (or camper) this must be put aside while at camp
 - No public displays of affection and no going off for time alone is permitted
- **Failure to comply with any of these expectations may result in you being sent home**

Please complete the following

Are you a Christian? _____

What does being a Christian mean to you?

Do you identify with any other religious organisation? (E.g. Hindu, Muslim, Spiritualist, Mormon, Jehovah Witness, etc . . .)

In what ways have you grown spiritually in the last 6 months?

Why do you want to be involved as a leader or leader in training?

What experience/ training/ skills do you have that will be beneficial to being a leader at camp? Please enclose copies of any certificates or documentation that you have to support these.

Can you swim? Yes / No

Are you confident in water? Yes / No

Do you have a current First Aid Certificate? Yes / No Expiry Date: ____/____/____

Do you have any musical talents? (i.e. singing, playing an instrument, write songs, etc....)

Personal History

1. Do you have any criminal convictions against you? Yes / No
2. Have you had any dealing with the Police or other authorities that may affect your position on your leadership team? Yes / No
3. Have you ever been asked to stand down from any leadership role (particularly with children) due to any alleged misconduct or inappropriate behaviour? Yes / No
4. Do you attend a church or youth group? Please give details: Yes / No

Anything else that you would like to add to your application:

If 'yes' to any of the above, please provide further details (use separate page if needed).

Please enclose a brief testimony if you have one.

Referees

Police checks are required for all staff and volunteers over the age of 18.

We require 2 referees. This can be from a Pastor, teacher, close family friend, employer but the person needs to be over the age of 18 and not an immediate family member.

Referee:

Name: _____

Phone: _____

Mobile: _____

Email: _____

Relationship to applicant (i.e. pastor, teacher, etc) _____

Name: _____

Phone: _____

Mobile: _____

Email: _____

Relationship to applicant (i.e. pastor, teacher, etc) _____

I understand that Leaders training prior to camp is a pre-requisite for every camp. I have read the expectations and agree to abide by them while I'm at camp. I understand that if I break them I can be sent home.

Applicants Signature: _____ Date: ____ / ____ / ____

Health Declaration Form

Name: _____

Address: _____

Postcode: _____

Home Ph: _____

Mob Ph: _____

Email: _____

Date of Birth: _____

Doctors Name: _____

Phone number: _____

Are you allergic to anything? (i.e. food, insects, medications, etc)

If your reaction is severe, please describe what happens if you're exposed to the allergen and intervention required:

Do you have any physical limitations e.g. hearing or visual loss, back injury, chronic pain, migraine? Please explain how your condition is controlled.

Do you suffer from any of the following conditions: (please tick)

Arthritis	Coeliac disease	Eating disorder	Heart condition	Tuberculosis
Asthma	Depression	Epilepsy	Hepatitis	
Bed wetting	Diabetes	Hay fever	Sleep Walking	

How is your condition treated (i.e. inhalers, medication, special diet, etc.)?

Are you taking medication for any other purpose (i.e. supplements, vitamins, etc.)

Please list any regular medications:

When did you last have a tetanus injection?

In an emergency I give permission for the staff at KVCC to give consent for urgent medical treatment, including anaesthetic if required: Yes / No

Emergency Contact Information:

Name:

Address:

Postcode:

Home Phone:

Work:

Mob:

If under 18:

The above information is correct and up to date. In the case of an emergency where I cannot be contacted I give permission for Kauaeranga Valley Christian Camp to secure proper treatment for my child as deemed necessary, including an anaesthetic.

Signature:

Date:

Parent / Guardian Signature if under 18

Date: