



# Kauaeranga Valley Christian Camp

## Returning/Previous Leader Application Form

Name:

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DOB:

Male / Female

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Street Address:

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Postal Address (if different):

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City:

Postcode:

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Email:

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Landline:

Mobile:

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Parent/Guardian:

*Please complete if this information has changed since you last attended camp and you are under 18 years old:*

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Address:

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Email:

Mobile:

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### 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, bubble gum/chewing, drugs and cigarette's, are not permitted on site
- Do not bring Laptops, iPads, iPods, MP3 players or any other electronic equipment
- Do not bring skate boards, roller blades or any other personal sports 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? Yes / No

Do you identify with any other faith or beliefs? Yes / No

What are your beliefs/faith:

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In what ways have you grown spiritually since your last camp?

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What role are you applying for?

**Leader in Training (LIT) / Junior Leader / Senior Leader**

Why do you want to be involved as a Leader or LIT?

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What new experiences/ 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:

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Can you swim? Yes / No

Are you a confident swimmer? 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....)

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## 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
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## **Police Vetting:**

Police Vetting checks are required for all staff and volunteers over the age of 16 – please download, complete and return the form from our Website: [http://www.kvcc.org.nz/page/Holiday\\_Camps/](http://www.kvcc.org.nz/page/Holiday_Camps/) if you are over 16 years old.

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: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Medical Centre: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ 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.)?

\_\_\_\_\_

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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **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.

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_