



UNITING CHURCH IN AUSTRALIA - PRESBYTERY OF PORT PHILLIP EAST
APPLICATION TO BE A VOLUNTEER LEADER ON THE
2011 PORT PHILLIP EAST PRESBYTERY CHILDRENS CAMP
4th JULY – 8th JULY 2011

This application is to be completed by any person wishing to apply to be a leader on the 2011 Port Phillip East Presbytery Children's Camp (herein referred to as 'Somers Camp'). In selecting a team of leaders for Somers Camp, it is important to ensure there is a balance of skills, experience and enthusiasm. Completing this form will enable the Core and the Port Phillip East Presbytery to ensure that an appropriate and complementary team is selected.

As leadership positions involve interaction and supervision of minors, the completion of this application form will also help to ensure that the Uniting Church provides a safe and secure environment for those children and young people who participate in Somers Camp.

Please understand that completing this form does not guarantee you a position on the leadership team. Places are limited due to the size of the camp site (accommodation and catering restrictions).

Port Phillip East Presbytery Children's Camp (Somers Camp) is committed to providing a fun, safe and harmonious place for the children/young people whom attend to interact within an intentional Christian community.

Somers Camp is a child and youth safe organisation committed to the protection of children and young people. All successful applicants will be carefully screened.

If you would like to discuss any aspect of this form prior to or after completing it, please contact:
Steve Terrell: 9005 7774 (AH) 0417 146 196 (Mob)

A) PERSONAL DETAILS

Name in full (print) _____

Preferred Title: Mr, Mrs, Ms, Rev, Dr, other _____ Preferred name _____

Address _____

Postcode _____ Email: _____

Phone (h) _____ (w) _____ (mob) _____

Age _____ Date of Birth _____ Male / Female (please circle)

Occupation (if you are a student, please name your course)

The church you regularly attend _____

Denomination _____

Please indicate (by circling a letter) your level of experience as a leader at Somers/other camps.

- (a) I have been a Somers Leader for _____ year/years.
(b) I have been a leader on other camps at _____.
(c) I have some experience - I have worked with others in this area but keen to learn more.
(d) I don't have a great deal of experience but am willing to learn & feel I have something to offer.

I wish to be a: LEADER TRAINEE LEADER (First 2 years of leadership) SLUSHIE LEADER
(Please tick a box)

(All people wishing to apply to be a slushie leader need to do so by letter, writing explicitly why they think their skills would be best used as a slushie leader)

Please tick the age group you would prefer to mainly work with:

Grades 3 – 4 (8 to 10 years old) Grades 5 – 6 (10 to 12 years old) Years 7 – 9 (12 to 14 years old)

I have obtained a certificate in First Aid (Level _____)

Do you require transport to any of the Somers related meetings? Yes No

C) SOMERS CAMP STUDY

As Somers Camp is a Christian camp, you need to feel comfortable sharing your Christian experiences with the campers, either in small groups or individually. Christian leaders at Somers Camp impact upon the lives of the many children who attend the camp. Where would you understand yourself to be in your faith journey and how do you think this can be used to contribute to the lives of the children at Somers?

D) REFEREES

As per administrating the Working With Children Check regulations, please list 2 people (**NOT** family members or other Somers leaders) who will be contacted by the Core to act as referees for you, particularly in relation to your work with 8 to 15 year olds and your demonstrated skills and experience. Such people may include your minister, other leaders from previous leadership experiences, or people with whom you have worked in similar situations.

1) Title _____ Name _____

Address _____ Postcode _____

Phone (h) _____ (w) _____ (m) _____

2) Title _____ Name _____

Address _____ Postcode _____

Phone (h) _____ (w) _____ (m) _____

E) 2011 SOMERS CAMP – LEADERS INDEMNITY AND MEDICAL FORM

This form is to be completed by the leader if aged 18 years or over, or the parent / guardian if the leader is under 18 years of age. One form per Leader

LEADER'S FULL NAME :

PARENT/GUARDIAN'S CONTACT DETAILS (in case of emergency)

PARENT/GUARDIAN'S NAMES:

ADDRESS:

.....

PHONE NUMBER: (H) (W) (MOB)

AUTHORISATION:

I, the undersigned, am willing that I/my child should participate in the Port Phillip East Presbytery Children's Camp ("Somers Camp") to be held from 4th July, 2011 to 8th July, 2011. I understand the nature of the activities at the camp will include, but may not be limited to beach hiking, ropes course, games, dormitory accommodation, communal eating, dancing and that risks may arise during these activities. I understand that every effort will be made to contact me or my nominated connection, in the event of any illness or accident.

I HEREBY AUTHORISE an appropriate leader of the particular activity in which I/my child is involved to consent, where it is impracticable to communicate with me, to my child/myself receiving such medical or surgical treatment as deemed necessary at any time during the camp. I further authorise the use of Ambulance if thought necessary.

I accept responsibility for payment of all expenses associated with such treatment.

CONFIDENTIAL MEDICAL REPORT:

The information below is requested to assist in case of any illness or accident.

This information will be held in confidence and this form will be destroyed after the camp.

a) Please tick if you/your child suffers from any of the following:

heart condition; blackouts; asthma; sleepwalking; migraines; other (please specify):

.....

b) Are you/your child presently taking medication? If yes, state the name of the medication, dosage, etc.

.....

.....

c) Please tick if you/your child is allergic to any of the following:

Penicillin Other drugs (please specify):

.....

Insects (please specify):

Any foods (please specify):

d) Last tetanus immunisation: If over 5 years, tick if booster is to be arranged before the camp:

e) Have you/your child had a meningococcal vaccination? Yes / No (please circle)

f) Any special care required?

g) Medicare No: (Position on card).....

Medical/Hospital fund: Contribution No.:

Ambulance Member No:

h) Name and address of family doctor:

.....

..... Phone no:

DIETARY REQUIREMENTS:

Any special dietary needs? (Please specify e.g. vegetarian)

.....
THE FOLLOWING IS TO BE SIGNED BY A PARENT/GUARDIAN IF LEADER IS UNDER 18 YEARS OF AGE, OR BY THE LEADER IF 18 YEARS OR OVER.

** The particulars given on the confidential medical report above are correct.*

NAME: SIGNED:

EXPECTATIONS AND DECLARATION

- ☆ If **YOU** are **UNABLE** to attend **ANY OF THE FOLLOWING SPECIFIED DATES**; and **YOU** feel you have a genuine need to be excused, please put it in writing to the "Somers Camp Core", c/- High Street Uniting Church, 16 High Street, Frankston 3199 or email somerscore@yahoo.com as early as possible; or at least two weeks prior to the activity. IF **YOU DO NOT** receive special permission from the Core, you cannot attend camp.
- ☆ **YOUR** attendance on the leadership training weekend is **necessary** to help bond / train leaders as a team.
- ☆ If **YOUR** application is **NOT RECEIVED by 4th March, 2011** it will NOT be considered.

Please read the following statements carefully.

I understand that upon being accepted as a Leader on Port Phillip East Presbytery Children's Camp, that this camp is being run under the umbrella of the Uniting Church in Australia and its ethos.

Whilst this application is being processed, I will apply for a Working With Children's Check if I am over 18 years of age; or provide a copy of my WWCC (as this is a camp involving staying with children overnight, and as such, is a legal requirement effective July 2007). These forms can be obtained from Australia Post and the Organisation wording needs to be as per the direction of core.

WWCC No.: (Please include a photocopy of your WWCC)

In the event that my application is accepted, I agree to:

- ⊙ pay \$170 (employed people) or \$180 (full time student or unemployed people), which will contribute towards the Leadership Training Weekend and Somers Camp costs, as well as a themed t-shirt;
- ⊙ acknowledge the authority of the Key Leaders of the camp/activity;
- ⊙ **attend and participate in all team meetings (unless otherwise agreed in writing with the Core)**
That is:
- ⊙ **residential preparation weekend – 7.00pm for 7.30pm Pizza Tea on Friday 8th April – Sunday 10th April at Merricks Camp and Conference Centre, 3670 Frankston-Flinders Rd, Merricks;**
- ⊙ **final briefing meeting– 3.00pm on Sunday 26th June, 2011 at High Street Uniting Church, 16-18 High Street, Frankston;**
- ⊙ **attend Somers Camp – Monday 4th July to Friday 8th July, 2011;**
- ⊙ be willing to visit a Port Phillip East congregation with some fellow leaders, to talk about and promote Somers Camp;
- ⊙ participate fully in the program;
- ⊙ ensure that decisions, rules etc. made by the leadership team, or specified by the Uniting Church Presbytery of Port Phillip East are upheld and carried out, including code of conduct and child protection documents, even if I personally disagree with them;
- ⊙ **ensure that matters discussed within the leadership team are kept confidential;**
- ⊙ not develop relationships with campers/slushies which may compromise my role as a leader and may put the camper/slushie at risk of physical or emotional distress.

I (full name) _____ willingly apply to participate as a volunteer Leader for Somers Camp, and agree to abide by the conditions listed above. I am willing to step down as a leader if I should break this contract.

Signature: Date:

Parent Signature: Date:
(Required if Applicant is under 18 years of age)

Please return this application form, marked 'Confidential' by Friday **4th March, 2011** to Somers Camp, c/- High Street Uniting Church, 16-18 High Street, Frankston 3199.
All applicants will be notified by **Monday 21st March, 2011** regarding the outcome of their application.