

VOLUNTARY CAMP LEADER APPLICATION

Please complete and return to: -

Camp Warrawee, Byrnes Road, Joyner 4500 Fax: 07 38821951 Email: campwar@ymca.org.au

I wish to be considered for: -
 Camp Leader (min age 18 years – must hold a Certificate of Suitability-Blue Card))
 Assistant Camp Leader (min age 17 years and in Grade 12 at school)
 Junior Leader (min age 15 years and in Grade 10 at school)

All leaders over the age of 18 **must** hold a Certificate of Suitability (Blue Card) before commencing as a Camp Leader. If you already hold a Blue card it will need to be sighted and confirmed prior to your commencing as a Camp Leader. *It is an offence for a disqualified person to sign a blue card application form.*

Full Name.....

Home Address.....

.....Postcode.....

Telephone Number (Home).....(Mobile).....

E-mail.....

Gender: Male Female Date of Birth...../...../..... Ethnicity

Please supply three (3) names with phone contact details for a reference check (Not family members)

1.Name	2. Name	3. Name
Day Phone	Day Phone	Day Phone
Mobile	Mobile	Mobile

Applicant's Declaration (Please tick the boxes)

- I understand that while every care will be taken by the YMCA and its staff, they are not liable for any injury or accident or for any damage or loss of property.
- I authorise the camp to obtain all necessary medical attention at my expense.
- I accept the responsibility that is placed on me as a Camp Leader for the safety and enjoyment of campers and fellow leaders with whom I am involved.
- I give permission for my photo to be taken and appear on the camper's certificate.
- I give permission for my photo to be taken and appear on the Camp's web page.
- I understand that I must hold a Certificate of Suitability and it is an offence to sign a blue card application form if I am disqualified (Over 18's only)

Signature.....Date.....

Parent/Guardian signature (if under 18 years of age).....

Leaders over the age of 18

Would you be interested in paid casual work a one of our YMCA before/after school hours care centres? Yes No

PRIVACY POLICY: The YMCA Privacy Policy can be located on our website, or a copy is available on request.

YMCA Camping
CAMP LEADERS – HEALTH INFORMATION

WAR 020 05/08

NAME: _____

Date of Birth: _____ Date of last tetanus immunisation: _____

I wear spectacles: Yes / No

I wear contact lenses: Yes / No

Dietary Requirements

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Any special needs that we need to know

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Please list allergies: _____

Medicare Number: _____

Name of Doctor: _____ Telephone No _____

EMERGENCY CONTACTS

Name _____

Relationship _____

Telephone: _____ (h) _____ (w)

_____ (Mobile)

Name _____

Relationship _____

Telephone: _____ (h) _____ (w)

_____ (Mobile)

I authorise the leader-in-charge or delegated person to obtain medical or dental treatment and/or the use of an ambulance for me if they consider it necessary and I agree to bear full financial responsibility for all expenses incurred.

_____ Date: _____
(Signature of Camp Leader)

Parent/Guardian signature (if under 18 years of age).....

Reasons for wishing to become a YMCA camp leader at Camp Warrawee

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