# Camp Volunteer Application Form

<table>
<thead>
<tr>
<th>Camp:</th>
<th>Dates:</th>
<th><em><strong>/</strong></em>/___ to <em><strong>/</strong></em>/___</th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>(First Name)</td>
<td>(Surname)</td>
</tr>
<tr>
<td>Child:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship to child:</td>
<td>Occupation:</td>
<td></td>
</tr>
<tr>
<td>Postal Address:</td>
<td>Postcode:</td>
<td></td>
</tr>
<tr>
<td>Contact Numbers:</td>
<td>(Home Phone)</td>
<td>(Work Phone)</td>
</tr>
<tr>
<td>Email:</td>
<td>Age:</td>
<td>DOB:</td>
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How would you like to volunteer your time to the Camp/Trip? What are your areas of interest?

Other Qualifications

This is for our information and will help us utilise your skills in the best area

<table>
<thead>
<tr>
<th>Do you have:</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>NT Driver’s Licence:</td>
<td></td>
<td></td>
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<tr>
<td>Coach Licence (HR):</td>
<td></td>
<td></td>
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<td>Coaster Licence (LR):</td>
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<td>4WD Experience:</td>
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<tr>
<td>First Aid Certificate:</td>
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<td>Bronze Medallion:</td>
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<tr>
<td>Experience catering for large numbers:</td>
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<tr>
<td>Ochre Card (essential):</td>
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Would you be willing to:

- Lead team building exercises? | Yes | No |
- Lead devotions? | Yes | No |
- Other (specify) | | |

Other Considerations:

1. Level of fitness and ability to do day and overnight hiking (please specify)

2. How important is it to accompany your child? There may be times when, because of your skills/abilities it is desirable to utilise you in a different location.

<table>
<thead>
<tr>
<th>Priority</th>
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<tbody>
<tr>
<td>High</td>
<td>Low</td>
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Please be sure to fill in your medical details on page 3

Please sign the Code of Conduct on the following page...
Volunteer Code of Conduct

As a volunteer, I understand the requirements of the College and the role(s) I will be undertaking.

1. I will ensure I have a current Working with Children Ochre Card, with a copy provided to MCC front office. (Note: This can take 4 weeks or more to process)
2. I will be proactive in ensuring the safety and wellbeing of all of the students
3. I will take direction from the supervising teachers and assume a general supervisory role, if not allocated a particular task
4. I will display a willing and enthusiastic approach to all activities
5. I will remain highly visible while interacting with students
6. I will not bring or consume any alcohol while on campus, or on camps or excursions
7. I will respect the privacy of persons served by the College and hold in confidence sensitive, private and personal information. (Reports of child abuse or neglect will be handled under the relevant State/Territory legislation)
8. I will maintain professional boundaries with students in all environments, including any online interaction through social networking or other sites or using other communication media including telephone, SMS and chat
9. Subject to any relevant laws, I will immediately advise of any matter of which I am or become aware of that has or could lead to a criminal conviction in respect of any employee or volunteer involved, whether directly or indirectly, with the College
10. (For drivers) I will only drive a vehicle with students in it where I have been expressly requested to. I will provide a copy of my licence to the College and will drive in a safe and legal manner
11. If I am in a situation where I am concerned about the behaviour or welfare of a student, I will communicate my concerns to the supervising teachers, rather than administer any consequences myself
12. And, as a volunteer with Marrara Christian College/Northern Territory Christian College, I will not:
   a) Use vulgar or inappropriate language
   b) Solicit gratuities, gifts or bequests for personal or professional benefit
   c) Use or be under the influence of illegal drugs
   d) Discriminate on the basis of race, colour, religion, sex, age, national origin, marital status, disability or sexual orientation

Name: ____________________________________________________________

Signature: _________________________________________________________

Date: ______________
Volunteer Medical Form
(Please print all responses)

NAME: _____________________________________________ D.O.B: ____/____/____ Male □ Female □

Emergency Contact:
Name: ______________________ Relationship: ______________________
Address: ______________________
Phone: (Home) ___________ (Work): ___________ (Mobile): ___________

Medicare No: □□□□ □□□□□□ □ Valid to: _______ Ambulance Subscription: Yes □ No □

MEDICAL HISTORY
1. Do you suffer from any form of ASTHMA? NO □ YES □ - complete Asthma Management Form
2. Do you suffer from any ALLERGIES? NO □ YES □ - complete Allergy Management Form
3. Do you have any of the following conditions?:
   - Heart condition of any kind NO □ YES □
   - Diabetes NO □ YES □
   - Epilepsy NO □ YES □
   - Bleeding disorder NO □ YES □
   - Psychological conditions NO □ YES □
   - Migraine headaches NO □ YES □
   - Sight/Hearing impairment NO □ YES □
   - Joint/ Muscular problems NO □ YES □
   - Other conditions (detail below) NO □ YES □

4. Have you suffered any serious injuries in the last 12 months? NO □ YES □
5. Do you wear contact lenses? NO □ YES □
6. Are you currently on any medications? NO □ YES □

Please provide complete details for any questions to which the answer is YES (Use a separate sheet if necessary):

______________________________________________________________________________________

______________________________________________________________________________________

7. Details of any medical dietary considerations (Report on Allergy Management Form): __________________________

8. Tick if other catering preferences: Vegetarian □ White Meat only □ Other (Please Detail): __________________________

9. Level of swimming ability: Poor □ Average □ Strong □
10. I can hike between 8 to 20 kms per day: No □ With a struggle □ Comfortably □ Strongly □
11. Date of last tetanus injection __________________________
Asthma Management
(Please print all responses) Attach Asthma Management Plan if you have one

1. Usual maintenance medical program followed by the asthmatic:

________________________________________________________________________
Preventer medication __________________________________ Reliever Medication ____________

2. Medication and treatment regime to be used during an emergency asthma attack:

________________________________________________________________________

3. List any known asthma trigger factors experienced by the asthmatic:

________________________________________________________________________

4. Have you had any serious complications with your Asthma in the past 12 months? (Please detail)

________________________________________________________________________

Allergic Reaction Management
(Please print all responses)

MEDICATION REQUIRED TO TREAT ALLERGIC REACTIONS MUST BE BROUGHT ON THE CAMP AND NOTED ON THE MEDICAL FORM.

1. What are you allergic to?

________________________________________________________________________

2. What are the signs and symptoms of your reaction?

________________________________________________________________________

3. What medication or treatment is required for your allergic reaction?

________________________________________________________________________

I declare that the information provided on this form is complete and correct and that I will notify the College if any changes occur.
I further declare that if I am unable to self-administer supplied medication, I give permission for trained authorised agents of NT Christian Schools to administer the supplied emergency medication.
I give permission for NT Christian Schools to pass this information to a third party [eg Doctor, Hospital] to facilitate medical treatment.
I give permission for NT Christian Schools to retain this form in their archival program information, noting I can access it by appointment.

Name: ____________________________
Signature: ____________________________ Date: ________________