

Volunteer Application Form



'Life Gets Better'® Camps were founded in 1999 by Captain Eric Wieckmann (2005 Casey Citizen of the Year) for primary aged children who have experienced trauma, grief or loss in their lives and are now run by C.H.I.P.S.® (Christians Helping In Primary Schools). These are not counselling camps, but encouragement camps where children get to see they are not alone in their troubles and that others who have gone through similar things have found a way for 'Life to Get Better'. The children make new friends and are entertained during session times with tricks, games and puppets! The campsites we use are fully catered and have fantastic facilities.

Life Gets Better® camps are a time of joy and refreshment in a caring, Christian environment, where children are paired with a trained, adult buddy. All work is done in groups and children are at no time left by themselves. All volunteers are required to have a current Working With Children Check, attend CHIPS' training sessions and adhere to our Child Safe Policies.

C.H.I.P.S.® needs other volunteers to assist prior to, and on the camp, in areas such as: camp admin.; craft preparation; Saturday activity helpers, etc. If you are interested in being a buddy or helping in another area of camp, please fill in this application form. We'd love to have you join us!

Camp Details

When: Friday 18th to Sunday 20th May 2018
Where: Phillip Island Adventure Resort 1775 Phillip Island Rd, Cowes
Registration: Friday 18th May at Berwick Church of Christ
432-446 Centre Road, Berwick.
Time: 4.30pm registration and dinner. 6.00pm departure.
Camp Ends: Sunday 20th May @ 5.00pm at Berwick Church of Christ
(after a quick debrief once the campers have been picked up)

EARLY BIRD PRICE - \$140 (if form is returned by **Tuesday 24th April**)

REGULAR PRICE - \$160 (if form is returned after **Tuesday 24th April**)

ALL FORMS TO BE RETURNED NO LATER THAN TUESDAY 1st May

Email: enquiries@chips.org.au or Post: PO BOX 291, Narre Warren 3805.
Any enquiries please call C.H.I.P.S.® on: (03) 9702 5528

Camp Training Dates

New Volunteer Training

Venue: C.H.I.P.S.® Office
27 Ashfield Drive Berwick

Thursday 26th April @ 7.00-9.00pm **OR**
Saturday 28th April @ 9.00-11.00am

Training For All Volunteers

Venue: Berwick Church of Christ
432-446 Centre Road, Berwick

Upskill Training

Thursday 3rd May @ 7.00-9.00pm

Tribe Meeting

Tuesday 8th May @ 7.00-9.00pm

What You Need To Bring:

As you know Melbourne's weather can vary so a variety of clothes and summer beachwear will be needed. Please ensure all items are named.

You will need:

- ✓ Comfortable Clothing (for warm & cold weather)
- ✓ Sleeping Bag or Bed Linen
- ✓ Bath Towel
- ✓ Runners/Boots
- ✓ A Smile!
- ✓ Swimmers and a Towel
- ✓ Toiletries (toothbrush, sunscreen etc)
- ✓ Hat (to keep the sun off)

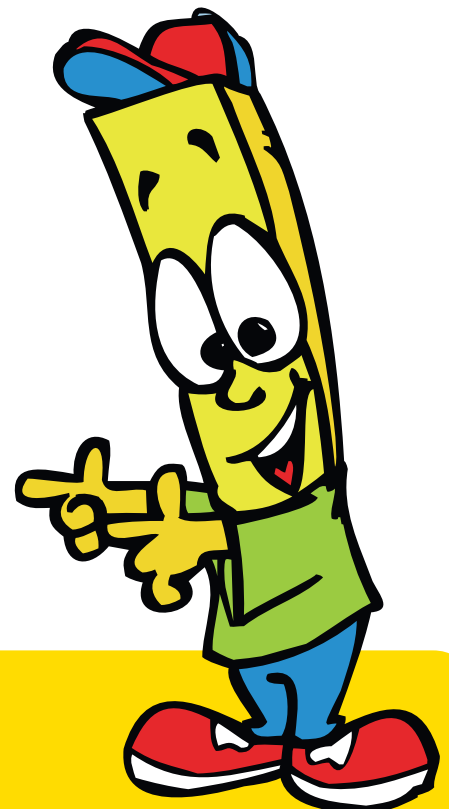
What You Can't Bring:

- ✗ Matches or Lighters
- ✗ Alcohol / Non-prescription drugs
- ✗ Granny's Underwear!

A few weeks after camp we will meet together for a reunion (Camp Link). This is a great time full of fun activities where the children can catch up with their buddies and friends they have made on the camp. Please keep this date free - it would be great to see you there!

Camp Link

Where: Xanadu - 2/151 Princess Hwy, Hallam
Date: Friday 15th June
Time: 6:00pm - 8:00pm



The following is a checklist of information and documents you will need to complete this form:

- Copy of drivers licence, passport or birth certificate/extract
- Personal and emergency contact details
- Contact details for two personal referees not related to you
- Working With Children Check details or receipt of application
- Allergy, dietary and medication needs
- Medicare, health fund, health care or pension card, doctor and ambulance membership details

Child Safe Policy Statement

At C.H.I.P.S.[®], we are committed to providing a safe environment for all children and protecting them from any form of harm, including abuse. Our Child Safe Policy provides an outline of the policies and practices we have developed to keep everyone safe.

We value diversity and do not tolerate any discriminatory practices. Our programs are based on Christian values and are run in a culturally and religiously sensitive manner. We apply thorough and rigorous standards in the recruitment and screening of all staff and volunteers, who we train and equip to safely support and encourage the children attending our programs. We have developed Codes of Conduct to guide our staff and volunteers.

Anyone, including parents, children, schools, volunteers and staff should report any child safety concerns to the C.H.I.P.S.[®] Child Safety Officer or any C.H.I.P.S.[®] leader. Anyone may also contact the police, DHHS Child Protection or Child First at any time if they believe on reasonable grounds, that a child is in need of protection.

C.H.I.P.S.[®] Child Safe Policies and Code of Conduct for staff and volunteers are available at www.chips.org.au or by request to C.H.I.P.S.[®].

Please read C.H.I.P.S.[®] Child Safe Policy now and you will be asked to sign your agreement after we have processed your application.

Privacy - Notification Statement

This application form, once completed, will contain personal, sensitive and health information about you. The information sought is reasonably necessary for your role as a volunteer with C.H.I.P.S.[®].

C.H.I.P.S.[®] Privacy Policy details why we collect this information, who we may disclose it to, and the main consequences of not collecting it. C.H.I.P.S.[®] Privacy Policy also contains information about how you may seek access to, or correction of, the information held about you, and C.H.I.P.S.[®] complaint resolution procedures. C.H.I.P.S.[®] Privacy Policy is available at www.chips.org.au or by request to C.H.I.P.S.[®].

Please read C.H.I.P.S.[®] Privacy Policy now and you will be asked to sign your agreement after we have processed your application.

Volunteer Application Form



First Name: **Surname:**

Date of Birth: / / Male Female

Please provide a copy of your Driver's Licence, Passport or Birth Extract/Certificate (first time applicants only)

Residential Address: **Postcode:**

Home Phone: (.....) **Work:** (.....)

Mobile: **E-mail:**

Occupation:

Emergency Contact (whilst on camp): **Relationship to applicant:**

Phone: **Mobile:**

Do you need transport to and from camp? Yes No

Do you have certification in any of the following?

Nursing CPR First Aid Life Guard Heavy Rigid Bus Licence

Do you have previous training or background in dealing with children? Yes No

If yes, please clarify:

Have you ever attended another children's camp? Yes No

If yes, please clarify which camp and year:

Describe why you would like to be involved with a Life Gets Better Camp.

.....

Briefly describe your personality:

Practical Energetic Quiet Adventurous Observant Spontaneous
 Other (please specify):

If you are applying to be a Friday night or Saturday helper

(please tick where appropriate):

Friday Night Helper: Set up team Pack up team BBQ team
 Registration Head Lice team Luggage team
 Other

Saturday Helper: Times of availability 10am -5:30pm 10am -9:30pm
 (please tick preferred time/s): 1:30pm -5:30pm 1:30pm -9:30pm

Which of the following areas are you looking to be involved in on camp.

(please tick where appropriate)

Buddy Buddy support / Junior buddy
 Bus Monitor Games Coordinator
 Multimedia / Photos Music / Puppets
 Pre-camp administration Prayer support
 Saturday helper Tribe Leader
 Grandparent Nurse



If you are applying to be a children’s buddy, what age child would you like to be with (if possible)?

- 6 year old 7 year old 8 year old 9 year old
- 10 year old 11 year old 12 year old Any age

Personal References: *(Please fill out if you are a first time applicant - do not include relatives)*

1. Name:

Address: Phone:

2. Name:

Address: Phone:

Spirituality

We respect all beliefs and values.

Do you have a faith?

- Yes No

If yes, please specify:.....

Are you affiliated with a church or faith organisation?

- Yes No

If yes, please specify:

Are you involved in any other church or para-church ministries?

Personal Background

Open and honest relationships are important to C.H.I.P.S®. All information is strictly confidential and we will need to discuss any of the experiences shown below with you before determining your suitability to attend camp.

If you do not wish to disclose this information here, please tick the box below and we will contact you:

- confidential discussion requested

Please tick anything below which you have experienced:

- taking or being in possession of illicit drugs
- having a restraining order against you
- being charged with a criminal offence
- an accusation of sexual harassment or assault
- an accusation of child abuse
- being cautioned or subject to formal disciplinary action

Please provide details for any of the above:

Please note: All information is strictly confidential and any information given will not automatically rule out any applicant.

Working With Children Check (WWCC) - See www.workingwithchildren.vic.gov.au

This is compulsory for all Life Gets Better® Camp helpers aged 16 years and above. It lasts for 5 years and is free for volunteers.

WWCC Number: Expiry Date: / / Employee/Volunteer (E/V):

Please add C.H.I.P.S® as one of your nominated WWCC organisations **before** you hand this form in by logging into your WWCC account. Use these details: **CHIPS, PO BOX 291, Narre Warren, VIC 3805 Ph: 03 9702 5528.**

If you do not have a WWCC, **before** you hand this form in, please apply for it online, include C.H.I.P.S® as one of your organisations with the details shown above, then print the form and take it to your local post office with the required ID.

Please attach the following to this form:

- a photocopy of your WWCC **and** a screen print showing C.H.I.P.S® as one of your WWCC organisations

OR

- a copy of the receipt you will be given at the post office upon applying for a WWCC

Payment Details

Your tax deductible donation will cover the cost for a child to attend the Life Gets Better® Camp.

Our preferred method of payment is via Give Now, see www.givenow.com.au/chips

Follow the prompts and you will automatically receive a tax deductible receipt. Alternatively you can transfer payment to the C.H.I.P.S® bank account:

BANK: **Bendigo Bank**
BSB: **633 000**
REF: **Use your full name**

BANK ACCOUNT NAME: **Christians Helping in Primary Schools**
ACCOUNT No: **1300 52194**

- I will donate **\$25** towards the cost of a Saturday helper \$.....
- I will donate **\$140** for a child to attend camp (if paying before Tuesday 24th April) \$.....
- I will donate **\$160** for a child to attend camp (if paying after Tuesday 24th April) \$.....
- I will donate **\$10** to buy a soft toy for a child on camp \$.....

Please finalise payment by Monday 14th May **TOTAL** \$.....

Medical History (this section is required to ensure that C.H.I.P.S® is aware of any medical condition/injury you have that may affect you whilst on camp.)

Medicare No: **Exp:** **Your position on card:**

Health Fund Name: **Membership No:**

Health Care Card/Pension No: **Ambulance Membership No:**

Doctor's Name: **Phone:**

Do you have any medical problems? Yes No
If yes, please specify:

Please list any medication/s that you are currently taking:

(Please Note: No medication/s can be left in cabins. For safety reasons they are either to be given to the camp nurse, or locked in a vehicle)

Do you smoke? Yes No

Have you had any serious injuries over the past three years? Yes No

If yes, please specify:

Are you allergic to any medication? Yes No

If yes, please specify:

Are you allergic to anything? Yes No

If yes, please specify:

Do you have special dietary requirements? Yes No

If yes, please specify:

By signing my name, I hereby signify the above information is true and correct to the best of my knowledge and I agree to the conditions of the application process.

Signature:

Date: / /

Print Name:

Parent/Guardian Signature (if under 18):

Date: / /

Print Name:

Note: This form is an application only. Suitable applicants will be informed of their acceptance when all application criteria have been met. The Director and / or Board of C.H.I.P.S® reserves the right to decline an application at any stage of the application process, if an applicant is considered to be unsuitable. Acceptance will also be determined by the gender and ages of the children booked to attend the camp.

Consent and Authorisation

In the case of an emergency, I am aware that the C.H.I.P.S® leaders or designated helpers will:

- Advise the emergency contact listed above.
- Seek medical attention or assistance for me, at the nearest or most convenient medical/emergency facility.
- Arrange transport for me if required (this may require transport by ambulance).

Whilst C.H.I.P.S and its leaders will take all reasonable care to secure my safety, I understand that neither C.H.I.P.S®, 'Life Gets Better'® leaders, nor designated helpers, will be held responsible for any injuries incurred to me, as a result of camp activities. C.H.I.P.S® and 'Life Gets Better'® leaders and helpers will not be held responsible for any costs incurred in securing medical treatment for me; including medical assistance, treatment, ambulance, etc.

I hereby state that I wish to attend the 'Life Gets Better'® Camp, and agree that all C.H.I.P.S® staff and volunteers cannot be held liable for any accident or injuries that may occur during the duration of the camp; which includes travel to and returning from the camp. I consent to C.H.I.P.S® collecting, using and disclosing the personal, sensitive and health information on this form for the purpose of my participation in the 'Life Get Better'® Camp, and in accordance with C.H.I.P.S' Privacy Policy.

I agree to C.H.I.P.S® using any photos or videos taken of me on the 'Life Gets Better'® camp for promotional purposes.

I, the undersigned, have read the consent and authorisation and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature:

Date: / /

Print Name:

Parent/Guardian Signature (if under 18):

Date: / /

Print Name:

The information on this form will be held by the C.H.I.P.S® leaders. This information may be disclosed to private medical or para-medical staff or other relevant officers, in the event of an accident or emergency. Please note: All buddies/volunteers will be checked and treated (if necessary) for head lice.

Please complete and return to:

C.H.I.P.S®
P.O Box 291
Narre Warren, Vic 3805
Ph: (03) 9702 5528
email: enquiries@chips.org.au
www.chips.org.au

chips®
changing little worlds in big ways

