



Edmund Rice Camps Inc.

Volunteer Application

Thank you for enrolling to volunteer on Edmund Rice Camps Victoria. To become a volunteer with Edmund Rice Camps you need to complete the following:

- Volunteer Application Form
- Volunteer Medical Form
- New Leader Training Day
- a Working With Children Check (for all volunteers over 18 years old)

Personal (the following information is confidential)

NameDate of BirthGender.....
 Address..... Postcode
 Phone (home) (mobile)
 Email
 School/University/Work
 How did you hear about Edmund Rice Camps?

Personal Strengths, Experience and Qualifications.

List your personal strengths and/or qualifications, which you believe, would enhance your contribution to ERC programs

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- Level 2 First Aid Surf Rescue Pool Bronze 22 Seat Bus Licence Drivers Licence

Please detail what involvements you have had with children so far? (ie family, sport, school, work)

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What is your motivation for becoming an Edmund Rice Camps volunteer?

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What specific areas would you like to volunteer in?

- Camp Leader Marketing & Fundraising Committee Administration
 Camp Bus Driver Publicity & Publication Committee Camp Equipment Support
 Camp Cook Leader Formation/Developement Committee Board of Management
 Other (please describe).....

Personal Referees (Non-relatives)

Please provide one written reference with their contact details and one phone referee.

Phone Reference:

Name
 Address Postcode
 Phone Relationship to you

Writtern Reference: please attach separately.

Volunteer Medical Form (Confidential)

This report is compiled to assist us in case of any eventuality on camp.

The Pastoral Facilitator or Camp Coach will hold all information in strict confidence.

Name.....

Are you presently on medication? Yes No

If Yes, please state name of medication, times and dosage.....

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Contact in case of emergency.....

Name..... Relationship.....

Address.....

Home Phone..... Work Phone..... Mobile.....

Your Doctor..... Phone.....

Address.....

Medicare Number..... Expiry Date.....

Medical Fund..... Membership No.....

Ambulance Subscription Yes No Ambulance Member No.....

Health Care Card No..... Expiry Date.....

Date of Last Tetanus Shot.....

Do you experience any of the following:

Blackouts Sleepwalking Travel Sickness Seizures Intellectual Disability

Migraine Dizzy Spells Fits of any types Diabetes Physical Disability

Asthma Heart Condition Hearing Loss Sight Loss Mental Illness

If Yes, please give details.....

Do you experience any allergies to

Penicillin Specific Foods Food Additives Drugs Other

What special care is recommended.....

Do you have any special dietary requirements? Please specify.....

Disclaimer: Subject to any law of the contrary, and to the maximum extent permitted by law, Edmund Rice Camps Inc. Victoria and its officers, employees and agents disclaim all liability for any loss or damage (whether foreseeable or not) suffered by any person participating on a camp offered by Edmund Rice Camps Inc. Victoria whether the loss or damage arises in connection with any negligence, default or lack of care on the part of Edmund Rice Camps Inc. Victoria or any of its representatives or any other cause.

I authorise the Edmund Rice Camp Coaches, Pastoral Facilitators or Executive Officer, in the event of any accident or illness and where it is not possible at the time to obtain my consent or in the case of a minor, parental consent, to obtain any necessary medical assistance or treatment. For this purpose I authorise the previously listed officers to engage any doctors, nursing assistance or hospital facilities or accommodation. I agree to pay all such doctors', nurses', or hospital expenses incurred.

Does Edmund Rice Camps Inc. have your permission to reproduce any photos taken on the camp of you, in any of our publications and website, on the understanding that no names are to be used without your authorisation?

Photographs Yes No Audio footage Yes No Video footage Yes No

Signed..... Signed (parent/guardian of minor).....

Date.....