

Emmanuel Family Camp
24 – 27 April 2020



Pursuing

HOPE

Volunteer Application Form

INFORMATION SHEET

VOLUNTEER CAMP FEE: \$60

Due to the generosity of donors these camp costs are significantly subsidised, however we don't want anybody to miss out so if there is still any problem with finance please contact us. An invoice will be sent with payment details if your registration is accepted. All fees are non-refundable.

SEND REGISTRATION FORMS TO:

By post:

Attn: Kirsty Anderson
Emmanuel Family Camp
C/- ELEVATE Christian Disability Trust,
PO Box 13322, Onehunga, Auckland 1643

By email:

familycamp@elevatecdt.org.nz

Spaces are limited so register as soon as possible to avoid disappointment

VOLUNTEER TRAINING

- We will send you a link to a couple of short online training videos that you will need to watch before coming to camp.
- In the week leading up to camp we will give you a call to talk about the family and programme you have been assigned to assist and how you can support them during the weekend.
- Friday afternoon we will have a meeting at camp before the families arrive. Please contact us if you think you will have difficulty arriving in time for this.

FRIDAY NIGHT ARRIVAL

- The camp is held at Totara Springs Christian Centre, 288 Taihoa North Rd, Taihoa 3473. Once you enter through the gate you will need to drive down the driveway past the main building on your left. Registration is in the Kowhai Seminar Room. Please respect the speed limit around camp of 15 kph.
- Volunteers are asked to arrive for 4:30pm.
- Please either bring your own dinner with you or cash and we can order pizza
- Friday night contact - if you are running late or are lost phone Kirsty on 0211075525

PACKING LIST

- Medication – bring enough for 3 full days
- Toilet gear and towels
- Change of clothes for 3 days
- Old clothes if you want to take part in the paintball activity
- Swimming gear and towel
- Sunscreen, hat, rain jacket
- Torch
- Bible

What not to bring: your own food, chewing gum, firearms, illegal drugs or alcohol. We recommend you don't bring electronic devices (eg tablets or laptops) as most accommodation is not able to be locked. Please remember, whilst at camp your attention should be towards the family you are assigned to, so keep mobile phone use to a minimum.



Emmanuel Family Camp 2020 Helpers Application Form

OFFICE USE ONLY:

- Police check sent
- Police check received
- Application accepted
- Invoice sent
- Payment received
Cash Chq Online
- Allocated to programme: C K Y A Other:

Surname	First Name	M / F	Age <small>(as at April 24th)</small>

ADDRESS: _____ CITY: _____

POST CODE: _____ EMAIL: _____

HOME PH: _____ WORK PH: _____ MOBILE PH: _____

Elevate is a Christian organisation and as such any events held we ask that all volunteers are supportive of the Christian faith.

Current church you attend (if applicable): _____

How long have you been a Christian? (if applicable): _____

Describe your Christian faith:

EXPERIENCE

Describe your experience (if any) with working with people with a disability
(NB: all personal care will be the responsibility of the family during camp)

Are you a medical professional, caregiver or work with people who have a disability? Y / N
Please specify your profession and qualifications.

REFERENCES

NAME:	Email:	Contact Number/s:

MEDICAL SECTION

Do you have any allergies? YES / NO
Please list your allergies and the severity

Please note special diet requirements:
(Gluten free, Vegetarian, etc)

Do you have a medical condition or disability? YES / NO

Name of condition:

Please describe how this affects you and the impact this may have on your ability to be a helper

Do you take medication? YES / NO

LIST ALL MEDICATION BELOW (INCLUDING SELF-ADMINISTERED)

MEDICATION NAME: (print clearly)	DOSAGE: (e.g. mg or ml)	TIMES TAKEN (i.e. BREAKFAST,LUNCH,TEA)

EMERGENCY CONTACTS Please provide two

NAME:	Relationship to Volunteer:	Contact Number/s:

PAYMENT Please indicate payment method below

- Cheque enclosed:** All cheques made payable to "Emmanuel Support Group"
- Internet payment:** Deposit your camp fees directly into the camp's ANZ bank account
Bank account #: 01-0170-0182484-00 Please include your SURNAME as a reference
 Date transfer made / / and total amount transferred \$_____

Receipts for full fees will be given out at camp

CONSENT

- I consent to the information supplied in this form being used for the purpose of organising the camp
- I consent to the publication and use for promotional purposes of any ELEVATE Trust video and or photograph in which I may appear as a result of attending this camp
- I agree that ELEVATE Trust will not accept any responsibility for any loss or damage of personal property, also that leaders and or helpers cannot carry legal liability for any accident, injury or occurrence to myself (son/daughter/participant) during this camp
- I agree that my name be placed on the Emmanuel Support mailing list
- I agree to abide by the ELEVATE Trust Code of Conduct and any rules as directed by the Camp Committee
- I agree to be provided with and complete a Police Check Form prior to my application being accepted

Signed: _____ Date: _____

This form must be **SIGNED** and **DATED**. If not, **APPLICATION WILL BE DECLINED**



EMMANUEL

Police Vetting: Request and Consent Form



FOR EMMANUEL FAMILY CAMP

We reserve the right to require you to complete a form if you are under the age of 18 years old

Website: <https://elevatecdt.org.nz/emmanuel/>

Email: familycamp@elevatecdt.org.nz

Family Name:

First Name:

Maiden Name (If applicable):

Middle Name/s:

Gender: Male / Female

Date of Birth:

Country of Birth:

Place of Birth (Town/City):

NZ Drivers Licence (5a):

OR Passport Number:

Country of Issue:

I have provided a scanned photo copy of my NZ drivers licence OR passport with this application.

Residential Address:

Suburb:

City:

I hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to ELEVATE Christian Disability Trust. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004. *For more information on your rights, please visit:

<http://www.police.govt.nz/advice/businesses-and-organisations/vetting>.

PLEASE SEND THIS FORM AND ATTACHMENTS BY POST OR EMAIL (see details below).

Signed:

Date:

National Support Office
PO Box 13-322, Onehunga, Auckland 1643
173 Mt Smart Rd, Onehunga, Auckland
Ph: +64 636 4763, info@elevatecdt.org.nz

www.elevatecdt.org.nz



christian disability trust