

Worldwide Church of God

ADVENTURE CAMP

Well End Activity Centre, Borehamwood, Herts, WD6 5PR
Saturday 28th August to Monday 30th August 2010

STAFF & TRAINEE STAFF APPLICATION

Please complete one application form per person

Please use BLOCK CAPITALS.

First Name: Surname:

Full Mailing Address:

..... Postcode:

Email Address:

Tel. Number: Mobile Number:

Date of Birth: Age on Arrival: Gender:

Names and ages of children under 7 attending Adventure Camp with you: (Crèche available if needed.)

Will this be your first time at Adventure Camp? Yes/No

HEALTH

Please also complete the Health Form attached, one per person.

EMERGENCY CONTACT DETAILS

Name: Daytime Tel. Number:

Name: Evening/Night-time Tel. Number:

ACTIVITIES

Provisional activities are: Archery, Ball Skills, BMX Bikes, Candle Making, Christian Living, Craft, Football, Leather Work, Obstacle Course, Orienteering, Table Tennis, Touch Rugby, Wall Climbing and any ideas you may have for a new activity.

In addition to activities staff, service staff are also required for the crèche, security, washing-up and serving meals.

Please state the areas in which you would most like to work and state any relevant experience or qualifications:

1st Choice:

2nd Choice:

3rd Choice:

Are you a qualified First Aider with a valid certificate? Yes/No

If 'Yes' please give details:

Trainee Staff please indicate below as appropriate. I would prefer to:

Just help on one activity: Yes/NoSpecify which:

Help on several activities: Yes/No

I would be available to help on Saturday : Yes/No.....

ACCOMMODATION

Rooms with bunk beds are available for those who require them. **We must know by Friday August 20th latest for Room requests.** Cost will be £5 per person. They will be on a first come first served basis. Please be prepared to share if there is an over demand. Please write 'Yes' after one of the choices below.

Require a room: Staying in own home:

Own tent: Borrow an Adventure Camp tent:

Own caravan: Tent/Dorm supervisor:

FIRST TIME APPLICANTS

Please provide details of two people who can give a character reference for you:

Name: Telephone:

Address:

..... Postcode:

Name: Telephone:

Address:

..... Postcode:

CHILD WELFARE

Adventure Camp naturally has a policy of safeguarding the welfare of children in its care. Therefore: I declare that I have no convictions or cautions under the Children and Young Persons Acts and have never been guilty of offences against children.

Signed:Date:

Adventure Camp supports the requirement that the staff of all organisations that work with children should undergo a Criminal Records Bureau check (CRB check). CRB checks are available for those aged 18 and above and can be obtained free of charge for registered charities.

Please answer: I am willing to have a CRB check: Yes/No
I already have a current Worldwide Church of God CRB check: Yes/No
I have a current CRB check from another organisation: Yes/No

SERVICE COMMITMENT AND BEHAVIOUR

For Adventure Camp to operate effectively it's necessary for all staff and teenage helpers to be assigned extra tasks such as serving meals, washing up and general supervision. These tasks will be scheduled on your timetable in some of your free sessions and at some mealtimes. I agree to help with extra tasks: Yes/No

All staff members are expected to attend the evening activities to help supervise the campers. I agree to attend the evening activities: Yes/No

Adventure Camp is a Christian camp so appropriate behaviour is expected at all times. Staff must cooperate with other staff members and abide by Camp rules. I have read and agree with the above information and I accept the responsibility and commitment required of me at Adventure Camp.

Signed: Date:

FORM RETURN AND PAYMENT

To ensure a well organised camp the Adventure Camp team need to know how many staff & helpers to plan for. Please return completed form as soon as possible to:

Adventure Camp, Worldwide Church of God, 9 The Point, Rockingham Road,
Market Harborough, Leicestershire, LE16 7QU.

The cost is £10 per staff member. The cost for a family of two adults and two (or more) children is £60. For staff, please pay in full on arrival at Adventure Camp. Cheques should be made payable to: Worldwide Church of God.

FURTHER INFORMATION

Contact Sinead Henderson: email: adventurecamp.wellend@googlemail.com
or telephone: 07505 506211

ADVENTURE CAMP HEALTH FORM 2010

PLEASE COMPLETE IN BLOCK CAPITALS AND BLACK INK

Surname:

Forename:

Date of Birth:

Home Phone No:

Mobile No:

In an emergency you should contact:

Name:

Relationship:

Home Phone No:

Work Phone No:

Mobile No:

Please Circle

Do you have any allergies? **YES/NO**

If yes, please state to what and the type of reaction

.....

Do you have any conditions/illnesses or other health complaints at present? **YES/NO**

If yes, please give details

.....

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For individuals under 16

Medication should be given to the named first aiders and clearly marked with name and full instructions for use.

Campers should retain inhalers and epipens. Spares to be given in to first aid.

The following will be available if required. Please indicate if they may be used when necessary.

Calpol, Antiseptic Wipes, Plasters, Waspee, Anti-histamine cream, **YES/NO**

EMERGENCY PERMISSION

I authorize Sinead Henderson and/or Sylvia Low as Adventure Camps First Aiders to give permission for medication/treatment in a medical emergency involving the emergency services.

All efforts will be made to contact relatives as soon as possible and the named staff will act on their behalf if they cannot immediately be contacted or are unable to attend.

Signed

..... Date

Parent/Guardian

Signed

..... Date

Person if aged over 16