

Kids Camps Inc
City West Lotteries House
2 Delhi Street
WEST PERTH WA 6005



Phone: 9420 7247
Fax: 9420 7248
www.kidscamps.org.au
admin@kidscamps.org.au

VOLUNTEER REGISTRATION FORM
ALL INFORMATION PROVIDED IS CONFIDENTIAL

PERSONAL DETAILS

Name: _____ Date of Birth: ____/____/____

Address: _____ P/C: _____

Phone: _____ (home) _____ (work) _____ (mob)

Email address: _____

First Aid Qualifications: _____ Expiry date: ____/____/____

Do you have a Basic Bronze Medallion or higher? _____

Certificates and other qualifications: _____

CURRENT EMPLOYMENT DETAILS

Occupation/Study Course: _____

Location of Above: _____

Future Career Ambitions: _____

EXPERIENCE/SKILLS

Have you ever been a Camp Leader before? (If so please give details) _____

Have you any experience with children and/or children with disabilities? (If so please give details)

Do you have any special skills that you would like to share with the campers (e.g. musical skills, hobbies)?

What are your reasons for volunteering for camp? What do you expect to get out of the experience?

How comfortable are you managing personal care needs (i.e. toileting, showering, assisting with dressing etc.)?

What ratio of children do you feel you would best support on camp? (Please circle below):

- 1:1 -requires constant assistance or supervision due to disability or behavioural needs
- 1:2 -requires prompting and assistance with personal care, activities and socialisation
- 1:3 -requires mainly prompting with personal care, activities and socialisation

MEDICAL INFORMATION

Do you have any of the following conditions:

Asthma	Y	N	Back problems	Y	N
Diabetes	Y	N	Haemophilia	Y	N
Heart Problems	Y	N	Vision Impairment	Y	N
High/Low Blood Pressure	Y	N	Hearing Impairment	Y	N
Epilepsy	Y	N	Allergies to foods / insects	Y	N
Fainting Spells	Y	N	Phobias	Y	N
Kidney Problems	Y	N	Bone/joint problems	Y	N
Pregnant	Y	N	Other	Y	N

If yes please give details: _____

Do you have any other existing illnesses or injuries, or a possible recurring injury? If so please give details: _____

Are you taking any prescribed medications? If so please list: _____

Please list any vaccinations (including childhood vaccinations) you have had and their expiration date: _____

Do you object to receiving blood or blood products in case of an emergency? Y / N

Are you currently receiving Worker's Compensation or Sickness Benefits? Y / N

Do you have any special dietary needs? (If so please give details) Y / N

CONTACT DETAILS OF PEOPLE TO BE NOTIFIED IN CASE OF ILLNESS OR INJURY:

Name: _____ Relationship: _____ Address: _____ _____ Phone(Mob) _____ (H) _____ (W) _____	Name: _____ Relationship: _____ Address: _____ _____ Phone(Mob) _____ (H) _____ (W) _____
--	--

PHOTO PERMISSION:

The Kids Camps digital camera and video camera are taken on camp to capture moments to share with members, campers, supervisors and volunteers through our Camp DVD's, website and printed publications such as our Newsletter. No other cameras are allowed on camp.

To assist with fundraising and in recruiting volunteers as well as attracting sponsors and donors we also wish to include photos from camps, fundraising events and Kids Camps functions on printed materials designed for these purposes.

We are requesting your permission to include photos which may have you in them. All photos will NOT include names and the originals will remain the property of Kids Camps. The photos we publish will be of a dignified nature respecting the individuals rights.

If you have any queries please contact Sian or June on 9420 7247. If not I hope you will look forward to seeing fun photos on the website and in newsletters, pamphlets and brochures.

- I **ALLOW** photos including myself to be used for the above purposes.
- I **DO NOT ALLOW** photos of myself to be used for the above purposes.

Please ensure you have **attached** copies of the following:

- Drivers License (or other suitable ID)
- Working With Children Card
- Police Clearance (less than 12 months old)
- First Aid Certificate (if applicable)

I _____ declare that the information documented here is all correct and honest to the best of my knowledge. I understand that Kids Camps has limited volunteer accident insurance applicable to a percentage of only those medical expenses not covered by Medicare. I acknowledge that a copy of the aforesaid policy is available for my information should I request it.

Signed: _____ Dated: ____/____/____