



Chrysalis Ministries Inc.

Previous Leader Application Form

PART A

Which camp are you applying for: TRAINING WEEKEND SUMMER CAMP JUNIOR BREAKAWAY
 SENIOR BREAKAWAY WINTER CAMP SPRING CAMP

Date/s of Camp _____

Personal Details

Surname: _____ First name: _____ Male/Female

Address: _____

Suburb: _____ State: _____ Country: _____ Post code: _____

Phone (H): _____ Mobile: _____ Email: _____

Date of birth: _____ Valid Driver's License: No/Yes- Class: _____

Valid Senior First Aid Qualifications: Yes/No

Parent/Guardian Details (if applicant is under 18)

Parent/s _____ Guardian _____

Address (If different from above): _____

If under the age of 18, parents must sign below:

"I grant permission for my child to proceed with this application process. Having been approved for acceptance, I hereby give permission for my child to join the Chrysalis Ministries Inc. team as a Volunteer. I hereby attest to the maturity of my child in being prepared to handle such a responsibility and am confident that, where questions or support are needed, they are able to seek out appropriate guidance from other leaders, camp parents, training directors and/or the camp director(s)."

SIGNATURE OF PARENT

DATE

Emergency Contact Person

Please supply details of someone we can contact in the case of an emergency.

Surname: _____ First name: _____

Relationship to leader: _____

Phone (H): _____ Phone (W): _____ Mobile: _____

Church Name/Affiliation

Name of Church: _____ Pastor/s Name: _____

Phone Number: _____

Authorisation

If my application is successful;

I understand that Chrysalis Ministries Inc. do not permit the use of alcohol or non-prescribed drugs on camps and that anyone found in breach of this can expect to be sent home immediately. Smoking is strongly discouraged and if you feel that you will need to smoke whilst on camp, you must discuss this with the camp directors prior to the camp.

I understand that although Chrysalis Ministries Inc. attempts to minimise any risk of personal injury, all physical activities carry risks that may result in personal injury or death to the participant and that accidents may occur. I acknowledge that personal injury is an inherent risk within the activities undertaken as a part of this programme.

I understand that photos and / or video footage taken of me on camp, may be used for promotional purposes.

I understand that some parts of the camp programme may be offsite, and that transport by bus or car may be required if this occurs.

In the event of accident or illness, I authorise the Camp Director to consent to my receiving any medical treatment as may be deemed necessary by a licensed physician and/or surgeon. I also authorise to engage such treatment and agree to pay the appropriate fees for such service and treatment.

I have completed the following medical and information form in full and any concerns or questions have been raised with the Chrysalis Ministries Inc. office.

Signature: _____ Date: _____



Chrysalis Ministries Inc.

Leader Medical and Information Form

Part B

The information below is requested to assist in case of illness or accident. Please make it as accurate as possible. This information will be held in confidence.

Leaders name in full _____

Medicare Number _____ Exp Date: _____ Date of last tetanus injection _____

Veterans Affairs number (if applicable): _____

Do you wear contact lenses? [] Yes [] No Ambulance cover? [] Yes [] No

Medical Insurance provider and membership number (if applicable): _____

Name of family doctor: _____ Phone: _____

Do you have any special dietary requirements? [] Yes [] No

If so, please list them here or attach a separate list. We will endeavour to meet these requirements, and will contact you if there are any problems.

Do you suffer from any of the following? Please **provide details** of medication, treatment, triggers etc, using a separate page if necessary.

• Any physical disabilities/disorders [] Yes [] No
-e.g. back problems, knee problems, poor eyesight etc

• Diabetes [] Yes [] No

• Epilepsy [] Yes [] No

• Heart Problems [] Yes [] No

• Blood Pressure problems [] Yes [] No

• Respiratory Problems [] Yes [] No
(other than asthma)

• Asthma [] Yes [] No (if Yes, please give details below)

• Drug/Anaesthetic Allergies [] Yes [] No (if Yes, please give details below)

• Other Allergies [] Yes [] No (if Yes, please give details below)

ASTHMA AND ALLERGIES: If you ticked yes above for asthma or allergies please give a detailed description here of triggers, signs and symptoms at onset, severity, and treatment plan. Attach another page if necessary.

Have you had any operations or major injuries/conditions in the past?: _____

Any illnesses in last 12 months? _____

Please give full details of any other problems either medical or physical that would limit your full participation in any part of the camp program? _____

Will you need to take any medication whilst on camp? [] Yes [] No

If yes, please provide name, dosage, frequency, and any Doctor's instructions for any prescription medication: _____



Chrysalis Ministries Inc.
Leader Referee Form

PART C

As part of the application process at least one referee from the following list will be contacted. Please notify your referees that you have included them in your application process and that they may be contacted. These must be different referees to the one who is filling out your reference form.

1. PASTORAL- minister, bible study leader, youth leader or similar.

NAME	TITLE
PHONE CONTACT:	ADDRESS:
E-MAIL:	HOW LONG HAVE THEY KNOWN YOU?

2. CO-WORKER / TEACHER

NAME	TITLE
PHONE CONTACT:	ADDRESS:
E-MAIL:	HOW LONG HAVE THEY KNOWN YOU?

3. SOMEONE WHO KNOWS YOU WELL- eg. A friend or family member.

NAME	TITLE
PHONE CONTACT:	ADDRESS:
E-MAIL:	HOW LONG HAVE THEY KNOWN YOU?



Fitzroy Falls Conference Centre

Check List

Did you remember to:

- Fill out parts A, B & C of the application form.
- Email a copy of your application form (Parts ABC) to info@chrysalisministries.org.au
OR
- Mail a hard copy of a COMPLETE application (Parts ABC) form to:

Attn: Kids Camp Coordinator
Fitzroy Falls Conference Centre
71 Ryans Lane, Fitzroy Falls
NSW, 2577