



Chrysalis Ministries Inc.

New 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 published and 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 in line with our privacy policy which can be found on our website www.chrysalisministries.org.au

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?



Chrysalis Ministries Inc.

Personal Information Form

PART D

Spiritual

Tell us how you became a Christian (attach more info if you need to):

Tell us about your spiritual gifts:

What makes you want to be a volunteer leader on Fitzroy Falls Conference Centre Camps?:

Describe any interests, training or skills that have equipped you for children's and youth ministry:

What words would best describe your personality (or what words do other people use to describe your personality?):

Please list any past work and volunteer experience with children and what you have learned from it:

Work Skills:

What are your strengths and weaknesses in working with children/youth? Is there any age group you prefer and which age group do you have most difficulty in handling?

Describe any of your artistic or athletic interests, skills and training. What other special interests or skills do you have that may be pertinent to working with children and/or youth?

PART E



Volunteer/Student Declaration

To undertake a role as a volunteer with our organisation in NSW you are required by law to complete the Volunteer/Student Declaration. This form can be completed online or printed and completed manually. Please go to the following web address to complete your form.

www.check.kids.nsw.gov.au/volunteer-declaration.php

Apart from entering your personal information in this form, you will also be asked details of the organisation you are working for. Please use the following details.

Title of child-related position: **Holiday camp leader**

Name of organisation you are volunteering for: **Chrysalis Ministries Inc.**

Address of this organisation: **71 Ryans Lane, Fitzroy Falls, NSW 2577**

Once completed, printed and signed by yourself you will need to return the original to our office and provide photo identification in person prior to the commencement of the camp you are leading on.



Chrysalis Ministries Inc.
Reference Form

PART F

Reference Form (page 1 of 4)

Volunteer Leader @ Chrysalis Ministries Inc.

APPLICANT:

PLEASE HAND THIS FORM TO YOUR REFEREE.

(This reference must be filled in by the minister or similar of your church)

REFEREE:

Please fill out this form and return it as soon as you can to:

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

You can also email to info@chrysalisministries.org.au

Applicant Name:

Position Applying for:

Reference Name:

Reference Contact Number:

The information on this form is kept strictly confidential and is not seen by the applicant at any time.

The following paragraph is a brief explanation of our programmes on Chrysalis Ministries Inc. Camps and our expectations of the applicants that serve on our camps. Please read the following section carefully as we value your reference.

Chrysalis Ministries Inc. runs Camps as a Para-church ministry, founded by Martin and Robyn Reurich in the 1980s. The mission of camp at Fitzroy Falls Conference Centre is to "provide a fun environment where relationships are built and the gospel is shared so that lives are changed eternally." Our camps target children aged 8 to their teens. We are committed to providing a safe and loving environment for the children and teens we have come to love and with whom we have fostered relationships.

1. In what capacity do you know this applicant & for how long?

2. What are the applicants' strengths and weakness'?



Reference Form (page 2 of 4)

In the following categories please assess how you view the applicant's abilities. Please assess them as Superior, Above Average, Average, Below Average, or No Basis to Assess. Any comments are welcome.

CHARACTER

How would you describe the applicant's character?

CATEGORY	Superior	Above Average	Average	Below Average	No basis to assess	Comments
Kindness/ compassion/ empathy						
Self discipline						
Walks with integrity						

WORK SKILLS

How would you describe the applicants' work ethic?

	Superior	Above Average	Average	Below Average	No basis to assess	Comments
Organisational skills						
Time Management						
Takes Initiative						
Integrity in work						
Works well with a team						
Punctuality						
Dependability						
Co-operative						
Willingness to learn						
Flexibility						
Adaptability						



Reference Form (page 3 of 4)

EMOTIONAL HEALTH

Are you aware of any past history with emotional instability that could impact this applicants' work with a group of children, youth or adults? (please describe)

Are you aware of any emotional conditions that could require additional support at the present time? (please describe)

EMOTIONAL HEALTH	Superior	Above Average	Average	Below Average	No basis to assess	Comments
Conflict Management						
Anger Management						
Ability to cope with stress						

PHYSICAL HEALTH

Are you aware of any physical health problems/limitations that would inhibit the applicant from working effectively? (if yes, please describe)

RELATIONSHIPS WITH CHILDREN / YOUTH

To your knowledge, is this applicant aware of appropriate boundaries when working with children/youth? Please explain

SPIRITUAL HEALTH	Superior	Above Average	Average	Below Average	No basis to assess	Comments
Spiritual maturity						
Response to authority						
Moral integrity						

Leaders share a room with their campers for the week. These are divided according to gender. How do you think this applicant will behave in this type of environment?

How would you rate the applicants' potential to perform this role?

- Excellent
 Good
 Average
 Weak
 Poor



Reference Form (page 4 of 4)

Final Comments?

Thank you so much for your time and consideration in filling out this form. Please return in a sealed and signed envelope. Thank you again.

Fitzroy Falls Conference Centre

Signature of Referee:

Date:



Chrysalis Ministries Inc.

Check List

Did you remember to:

- Fill out parts A, B, C & D of the application form.
- Complete online part E declaration form (due to legal reasons, the hard original copy must be mailed).
- Hand out part F reference form to your selected referee for them to fill out and get back to us.
- Email a copy of your application form (Parts ABCD) to info@chrysalisministries.org.au and post part E.

OR

- Mail a hard copy of a COMPLETE application (Parts ABCDE) form to:

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