



CYC WAIHOLA

Location: 70 Finlayson Road, Waihola
Postal: PO Box 15061, Waihola 9243
Phone: 03 417-7120
Email: kidscamps@cycwaihola.org.nz
Web: <http://www.cycwaihola.org.nz/>

Ministry Staff Application Form

- All persons associated with the CYC Waihola ministry camps must complete this form (this includes camp leaders, cooks, speakers, directors and any other staff associated with a ministry camp that can be left in direct responsibility of a camper)
- All information provided will remain confidential to the Camping Committee, Council of Management and Camp Directors.
- All fields marked with * are required fields to be completed for your application to be processed.

Your Details

Full Name:*			
Date of Birth*		Gender*	Male / Female (please circle one)
Address:*			
Email Address:*		Home Phone #:*	
Mobile Phone #:*		Occupation:	
Your Facebook Profile:*	https://facebook.com/		(e.g. facebook.com/cycwaihola is ours) <input type="checkbox"/> Don't have Facebook

Emergency Contact

Emergency Contact:*			
Their relationship to you:*			
Their Mobile Phone #:*		Their Home Phone #:*	

Your Christian Faith

Who is Jesus to you?*			
When did you become a Christian?*			
What do you do to maintain your relationship with Jesus?*			
Church you attend & how long have you attended):*	(if no church attendance please explain why)		
Why do you want to be a camp leader?*			

Criminal History

Have you ever been accused or convicted of a crime involving children or young people ?*	(if yes please give details)		
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Childcare or Outdoor Industry Qualifications

Please give details of any qualifications or experience that could be of use at a CYC Camp:	(photocopies are awesome to go on file)		
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PLEASE TURN OVER

Health and Medical Information

Please list any medical issues we should know about (e.g. allergies, asthma, medical conditions, etc.)*

Please list any dietary requirements you have: *

Doctors Name: *

Medical Centre Name: *

Phone Number #: *

Swimming Ability*

Some of our camps include swimming activities – it is essential that we know your swimming ability for safety reasons. (Please tick)

- Unable: Cannot swim at all or very limited swimming ability when out of depth*
 Beginner: Basic strokes - could swim to edge of indoor swimming pool without touching bottom
 Good: Strong confident swimmer – can swim at least 50 meters in an indoor swimming pool
 Excellent: Very strong & confident swimming – could swim outdoors at least 50 meters fully clothed

Verbal Referee

Please specify an additional referee we may contact that is different from your written reference. This referee cannot be an immediate family member.

Verbal Referee Name: *

Their relationship to you *

Their Mobile Phone #: *

Their Email Address: *

Declaration

All staff are required to agree with this declaration. We do understand that faith in Jesus is a journey and many of us are along different points of this journey, so we do ask that if you are unable to agree with this declaration or anything in our Statement of Faith document let us know.

- I have a living faith in Jesus Christ as Saviour and Lord, a love and devotion to serve Him.
- I have prayerfully considered being a part of the ministry of Christian Youth Camps (Waihola) Inc.
- I am in full accordance with the Christian Youth Camps (Waihola) Inc. Statement of Faith. This document can be found at <https://documents.cycwaihola.org.nz/xkcd/statement-of-faith/>
- I acknowledge that Christian Youth Camps (Waihola) Inc. is interdenominational, and I will make no attempt to influence children or other workers to accept doctrines peculiar to my own denomination.
- I have read through, understood and have completed the induction volunteer leaders training (found at <https://training.cycwaihola.org.nz/xkcd/?course=cyc-volunteer-leaders-training>) and understand that I am required to complete this every 2 years to remain current as a leader.
- I agree that CYC Waihola is not liable for any type of personal injury that could occur on a camp or programme run by the society.
- I agree to the camp staff seeking urgent medical treatment for myself at my cost should the need arise.
- I agree all application information is correct to the best of my knowledge and the information supplied on this form is to be used for the safe and effective operation of camp. I also agree to the use of any photos/video of me for publicity purposes without any remuneration.

Your Signature: *

Parents Signature:

(if under 18 years)

Date: *

Documentation Checklist (please tick)

	A photocopy of your current drivers license and firearms licence (if you have one) for identify verification
	Photocopies of any qualifications you have that will help you as a cabin leader (including outdoor education certificates, first aid certificates)
	Other forms required (may include Authorisations to Disclose Information (Police Vet), reference forms and anything else the camp office has requested from you