



Edmund Rice Camps Inc.

Volunteer Application

Thank you for enrolling to volunteer with Edmund Rice Camps Victoria.

To become a volunteer with Edmund Rice Camps you need to complete the following:

- 1) Volunteer Application and Medical Form (and please attach a separate Written Reference)
- 2) Apply for a Working With Children Check (for all volunteers over 18 years old) and please attach a copy
- 3) Attend A New Leader Training Day (includes: Child Protection Foundational Training)
- 4) Sign up for a camp online

Personal (The following information is kept confidential. Please write clearly in the provided spaces)

Name Date of Birth Gender.....
 Address..... Postcode
 Phone (home) (mobile)
 Email

Working With Children Check (please circle one) YES NO WWCC No: Exp Date:
 School/University Course/Occupation
 How did you hear about Edmund Rice Camps?

Personal Strengths, Experience and Qualifications.

List your personal strengths and/or qualifications, which you believe, would enhance your contribution to ERC programs

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- Level 2 First Aid
- Anaphylaxis Management
- Asthma Management
- Surf Rescue / Pool Bronze
- 22 Seat Bus License
- Food Handling
- Full Drivers License (off P's)
- Sport Coach
- Play Musical Instrument

If yes please list expiry dates for first aid, anaphylaxis or asthma management training.....

Please detail what involvements you have had with children so far? (ie family, sport, school, work)

Why would you like to become involved with Edmund Rice Camps as a volunteer?

- What specific areas would you like to volunteer in?
- Camp Leader
 - Marketing & Fundraising Committee
 - Administration
 - Camp Bus Driver
 - Publicity & Publication Committee
 - Camp Equipment Support
 - Camp Cook
 - Leader Formation/Development Committee
 - Board of Management
 - Other (please describe).....

Personal Referees (Non-relatives)

Please provide one phone referee below and attach a separate written reference from a second referee.

Name
 Address Postcode
 Phone Relationship to you

Written Reference attached separately.

Office Use Only

Database ID		Received date		Received method	
Status		Form entered by		Form entered date	

Volunteer Medical Form (Confidential) This assists us in case of any eventuality on camp.

Are you presently on medication? Yes No If Yes, please state name of medication, times and dosage.....

Contact in case of emergency: Name Relationship
Address.....

Home Phone..... Work Phone..... Mobile.....

Your Doctor's name Phone.....

Medicare Number.....Expiry.....Date of Last Tetanus Shot.....

Do you experience any of the following:

- Blackouts Sleepwalking Travel Sickness Seizures Intellectual Disability
 Migraine Dizzy Spells Fits of any type Diabetes Physical Disability
 Asthma Heart Condition Hearing Loss Sight Loss Mental Illness

If Yes, please give details.....

Asthma – If the volunteer's asthma is described as being severe, an asthma management plan signed by a Registered Medical Practitioner must be provided with this application along with dosage amounts and prescribed medications.

Do you experience any allergies to Penicillin Specific Foods Food Additives Drugs Other

If yes, please give details.....

Do you require an EpiPen (Please circle)? YES NO

If yes, an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan must be provided with this application. Edmund Rice Camps staff/volunteers must be provided a complete auto-injection device kit on arrival at camp. (For further details about ERC's Anaphylaxis Policy visit the ERC website www.ercvic.com.)

If an EpiPen is not required please provide details of how to care for this allergy.....

Dietary Requirements: Do you have any special dietary requirements (eg vegetarian)?

Consent from parent or legal guardian if volunteer is under 18 years

Prelude: It is important for volunteers and volunteers' parents / guardians to be aware that Edmund Rice Camps does not require the participant parents / guardians attending Edmund Rice family camps to undergo police checks or working with children checks. Referral agencies are required to disclose all known protective concerns with respect to proposed participants and, on the basis of this information, Edmund Rice conducts an assessment as to suitability prior to approving camp participation.

I/We.....(full name) parent / guardian of
(full name) give permission for our child to participate in Edmund Rice Camps programs as a volunteer.

Disclaimer: I understand that not everyone attending camps operated by Edmund Rice Inc is required to complete a Working with Children Check under the Working with Children Act 2005 (Vic) (or equivalent legislation), or to provide Edmund Rice Camps Inc with a Police record check.

Subject to any law to the contrary, and to the maximum extent permitted by law, I acknowledge and agree on my own behalf and on behalf of my child that Edmund Rice Camps Inc and its servants, agents officers and volunteers will under no circumstances whatsoever be liable or responsible in any way for any personal injury (including, without limitation, any injury arising from sexual or physical abuse of any other kind by any person attending the camp in any capacity), damage or loss suffered by me or my child that may occur during any camp operated by Edmund Rice Camps Inc, whether resulting from any negligence, default, or lack of care or otherwise, and I will not make any claim either on my own behalf or on my child's behalf against Edmund Rice Camps Inc or any of its servants, agents officers or volunteers in the event that any personal injury, damage or loss is suffered or incurred by me or my child.

I authorise the Edmund Rice Camp Coaches, Pastoral Facilitators or Executive Officer, in the event of any accident or illness and where it is not possible at the time to obtain my consent or in the case of a minor, parental consent, to obtain any necessary medical assistance or treatment. For this purpose I authorise the previously listed officers to engage any doctors, nursing assistance or hospital facilities or accommodation. I agree to pay all such doctors', nurses', or hospital expenses incurred.

Photographs and Video

Does Edmund Rice Camps Inc. have your permission to reproduce any photos taken on the camp of you, in any of our publications and website, on the understanding that no names are to be used without your authorisation?

Photographs Yes No Audio footage Yes No Video footage Yes No

Signed..... Signed (parent/guardian of minor).....

Date.....

Please return this form to:

Volunteer Coordinator – vc@ercvic.com
7 Amberley Way, Lower Plenty VIC 3093