

Volunteer Registration Form



PROGRAM INFORMATION

PARTICIPANT INFORMATION

FULL NAME:

ADDRESS:

SUBURB:

POSTCODE:

HOME NUMBER:

EMAIL:

MOBILE NUMBER:

SHIRT SIZE: (Adult Sizes) Please Circle S M L XL XXL XXXL

Date of Birth:

CURRENT EMPLOYER: (Please provide Name & Contact Details. Email or Phone)

CURRENT POSITION:

PREVIOUS EMPLOYER: (Please provide Name & Contact Details. Email or Phone)

PREVIOUS POSITION:

Personal Referee Name:

1.

2.

Personal Referee Contact:

1.

2.

EMERGENCY CONTACT

CONTACT NAME:

RELATIONSHIP:

HOME PHONE:

MOBILE NUMBER:

You are required to advise Little Stars Kids' Camps if the status of your health changes after completing this form, or you come into contact with an infectious disease, (including chicken pox, gastro or influenza) within TWO weeks of the program.

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GENERAL MEDICAL AND CARE INFORMATION

It is important that Little Stars Kids' Camps has up to date information about your health, so that in the unlikely case of injury/illness we are able to provide the most appropriate medical care.

Dietary requirements (i.e. gluten free, lactose free, vegetarian.)

Yes

If yes, please provide a description:

No

Allergies, sensitivities or reactions i.e. asthma, bee stings, nuts, grass, hay fever etc.

Yes

If yes, please provide a description:

No

Do you have an epi pen:

Yes

No

Do you use an asthma puffer:

Yes

No

Any pre-existing injuries/illnesses/ailments? Yes No

Heart Condition

Diabetes

Asthma

Epilepsy

Blood disorder

Physical injuries/limitations i.e. back pain

If yes, please provide description:

Recent surgery if yes, please provide description:

VOLUNTEERING WITH OUR TEAM

What role are you interested in assisting with?

Camp Buddy for a child Fundraising Assistance with activities at camp

Camp Photographs Camp Leader Administration assistance

Camp Nurse Helper at Camp packing Cuddle Cases

Are you committed to attending four day camps per year (if you have ticked Camp Buddy above)?

Yes No

Are you committed to completing our online training?

Yes No

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Why do you want to be a volunteer?

Do you have any special skills or experience that may be of assistance to us at camp. (ie dance instructor, sign language, face painting, musical skills, nurse etc.)

Yes No

Where did you hear about Little Stars Kids Camps?

- Social Media
- Word of Mouth
- Magazine / Advertising
- Other

Are there any physical, social or psychological ailments that may affect your participation in an activity? ie claustrophobia, fear of heights etc.

Yes No

If yes, please provide description:

Do you have a current first aid certificate or any other medical qualification?

Yes No

If so, please attach relevant certificate.

Do you take any regular medication that you will be bringing to the program? ie high blood pressure medication, contraceptive pill, insulin, anti-histamines, vitamins, etc

Yes No

If yes, please provide description:

It is your duty of care to hand in any of your medication at the commencement of camp to the camp leader to ensure that it is appropriately locked away for the duration of the camp.

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MEDIA PERMISSION

Do you give permission for:
Photos of you being placed in any LSKC publicity: Yes No

BLUE CARD IDENTIFICATION

Do you have a current Blue Card? Yes No
If yes, - Validation Number

Please Attach a legible copy of your Blue Card and one other form of photo identification.

If you already have a Blue Card, please complete the "Link an Applicant form".

If you do not have a Blue Card, please complete the "Blue Card Application form" and return to Little Stars Kids Camps for submission to Blue Card Services. Please attach copies of your identification as required by the Blue Card Form.

Have you ever been charged or convicted of any offences relating to children, or any sexual offences?

Yes No

PRIVACY NOTICE

Keema Children's Foundation collects your personal information to administer our programs, including complying with our legal obligations and if you are a Companion, to allow families to get to know you better. We may also collect your 'sensitive information', such as criminal history information obtained through a Police Record Check or Working with Children Check for the same purpose. We also may collect your personal information to promote and communicate with you about our initiatives. If you do not provide the information requested, you will not be considered for a position as a volunteer. We may disclose your personal information to third parties that provide services to Little Stars Kids' Camp. If you have volunteered as a Companion, we may also disclose your personal information to families to enable them to get to know you. Our Privacy Policy located at www.littlestarskids.org.au contains information about: (i) how you can access and correct your personal information; and (ii) how to lodge a complaint regarding a breach of the Australian Privacy Principles and how we will handle such a complaint.

CONSENT

By signing this document you agree that you have completed this truthfully and to the best of your knowledge.

Full name:

Signed:

Date: