

Volunteer Application Form



'Life Gets Better'® Camps were founded in 1999 by Captain Eric Wieckmann (2005 Casey Citizen of the Year) for primary aged children who have experienced trauma, grief or loss in their lives and are now run by C.H.I.P.S.® (Christians Helping In Primary Schools).

In 2023 we will be trialling a Life Gets Better Adventure Day instead of a weekend camp. Our hope is that we will be able to run more days, throughout each year, to assist children who have been impacted by trauma, grief or loss.

During the Adventure Day, the children will get to see that they are not alone in their troubles and others, who have gone through similar things, have found a way for 'Life to Get Better'. They will make new friends and will be entertained during session times with tricks, games and puppets!

The day will be a time of joy and refreshment in a caring, Christian environment where children will be paired with a trained, adult Buddy. The campsite C.H.I.P.S.® uses is fully catered and has fantastic facilities.

All volunteers are required to have a current Working With Children Check or VIT Card, attend C.H.I.P.S.® training sessions and adhere to C.H.I.P.S.® Child Safe Policies. C.H.I.P.S.® also needs volunteers to assist in other areas such as: admin; craft preparation; Saturday set-up and pack-down helpers, etc. So... if you are interested in being a Buddy or helping in another area during the day, please fill in this application form. We'd love to have you join us!

Camp Details

When: Saturday October 28th
Where: Phillip Island Adventure Resort 1775 Phillip Island Rd, Cowes
Registration: Saturday October 28th @ Berwick Church of Christ 432-446 Centre Road, Berwick (at the side entrance).
Time: 7.00am registration. 8.00am departure.
Day Ends: Saturday October 28th @ Berwick Church of Christ (after all children have been picked up).

THIS ADVENTURE DAY HAS BEEN SPONSORED BY THE 2021 'SUNRISE TO SUNSET CHALLENGE' FUNDRAISER.

ALL FORMS TO BE RETURNED NO LATER THAN THURSDAY 12th OCTOBER

Email: enquiries@chips.org.au or **Post:** PO BOX 291, Narre Warren 3805.

Any enquiries please call C.H.I.P.S.® on 9702 5528 or 0435 024 477 (043 50 CHIPS)

Adventure Day Training Details

New Volunteer Training

Venue: C.H.I.P.S.® Office
3/12-14 Apollo Drive, Hallam
Date: Wed. 4th October @ 7.00-9.00pm **OR**
Sat. 7th October @ 9.00-11.00am

Return Volunteer Training

Venue: C.H.I.P.S.® Office
3/12-14 Apollo Drive, Hallam
Date: Thurs. 12th October @ 7.00-9.30pm **OR**
Sat. 14th October @ 9.00am-11.30am

Tribe Meeting & Prayer Time

Venue: C.H.I.P.S.® Office
3/12-14 Apollo Drive, Hallam
Date: Tuesday 17th October @ 7.00-9.00pm
Tribe Meeting @ 7.00pm-8.00pm
Prayer Time @ 8.00pm-9.00pm

What You Need To Bring:

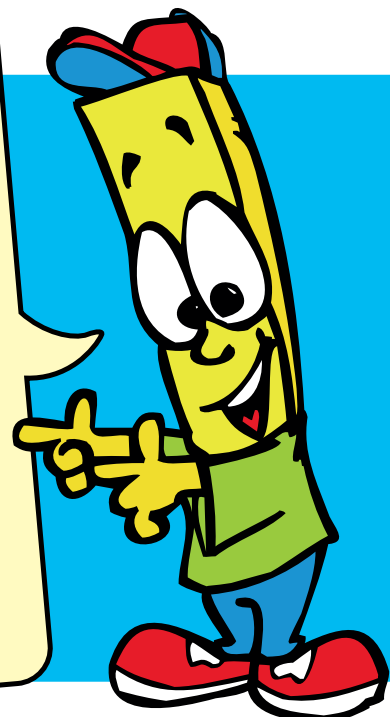
As you know Melbourne's weather can vary, so a variety of clothes (for warm & cold weather) will be needed. Please ensure all items are named.

You Will Need:

- ✓ A Small Backpack
- ✓ Comfortable Clothing
- ✓ Hat (to keep the sun off)
- ✓ Runners/Boots
- ✓ Medication (which you've listed on page 5)
- ✓ A Smile!

What You Can't Bring:

- ✗ Matches or Lighters
- ✗ Alcohol / Non-prescription drugs
- ✗ Cigarettes / Vapes



The following is a checklist of information and documents you will need to complete this form:

- Copy of driver's licence, passport or birth certificate/extract (*first time applicants only*)
- Personal and emergency contact details
- Contact details for two personal referees not related to you (*first time applicants only*)
- Working With Children Check/VIT details or receipt of application of WWCC
- Allergy, dietary and medication needs
- Medicare, health fund, health care or pension card, doctor and ambulance membership details

Child Safe Policy Statement

At C.H.I.P.S.[®], we are committed to providing a safe environment for all children and protecting them from any form of harm, including abuse. Our Child Safe Policy provides an outline of the policies and practices we have developed to keep everyone safe.

We value diversity and do not tolerate any discriminatory practices. Our programs are based on Christian values and are run in a culturally and religiously sensitive manner. We apply thorough and rigorous standards in the recruitment and screening of all staff and volunteers, who we train and equip to safely support and encourage the children attending our programs. We have developed Codes of Conduct to guide our staff and volunteers.

Anyone, including parents, children, schools, volunteers and staff should report any child safety concerns to the C.H.I.P.S.[®] Child Safety Officer or any C.H.I.P.S.[®] leader. Anyone may also contact the police, DHHS Child Protection or Child First at any time if they believe on reasonable grounds, that a child is in need of protection.

C.H.I.P.S.[®] Child Safe Policies and Code of Conduct for staff and volunteers are available at www.chips.org.au or by request to C.H.I.P.S.[®].

Please read C.H.I.P.S.[®] Child Safe Policy now and you will be asked to sign your agreement after we have processed your application.

Privacy - Notification Statement

This application form, once completed, will contain personal, sensitive and health information about you. The information sought is reasonably necessary for your role as a volunteer with C.H.I.P.S.[®].

C.H.I.P.S.[®] Privacy Policy details why we collect this information, who we may disclose it to, and the main consequences of not collecting it. C.H.I.P.S.[®] Privacy Policy also contains information about how you may seek access to, or correction of, the information held about you, and C.H.I.P.S.[®] complaint resolution procedures. C.H.I.P.S.[®] Privacy Policy is available at www.chips.org.au or by request to C.H.I.P.S.[®].

Please read C.H.I.P.S.[®] Privacy Policy now and you will be asked to sign your agreement after we have processed your application.

Volunteer Application Form



First Name: **Surname:**

Date of Birth: / / Male Female

Please provide a copy of your Driver's Licence, Passport or Birth Extract/Certificate

(first time applicants only)

Residential Address:

..... **Postcode:**

Home Phone: **Work Phone:**

Mobile: **E-mail:**

Occupation:

Emergency Contact (whilst on the day): **Relationship to applicant:**

Phone: **Mobile:**

Do you need transport to and from The Resort? Yes No

Do you have certification in any of the following?

Nursing CPR First Aid Life Guard Heavy Rigid Bus Licence

Do you have previous training or background in dealing with children? Yes No

If yes, please clarify:

.....

Have you ever attended another children's camp? Yes No

If yes, please clarify which camp and year:

Describe why you would like to be involved with the Life Gets Better Adventure Day:

.....

.....

Briefly describe your personality:

Practical Energetic Quiet Adventurous Observant Spontaneous

Other *(please specify):*

If you are applying to be a helper (please tick where appropriate):

Saturday Registration Helper (at the church):

Set up team Pack up team Registration Luggage team

Other

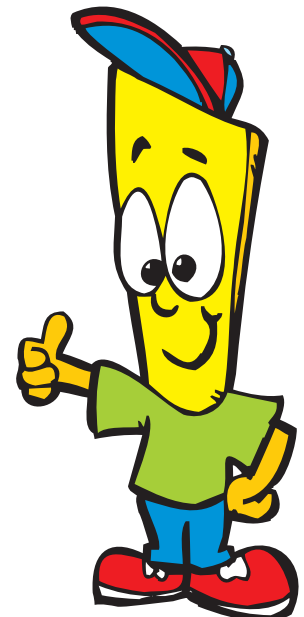
Saturday Registration Helper (times of availability):

6.45am-8.45am 8.15pm-9.45pm

Which of the following areas are you looking to be involved in on camp.

(please tick where appropriate)

- | | |
|--|--|
| <input type="checkbox"/> Buddy | <input type="checkbox"/> Buddy Support / Junior Buddy |
| <input type="checkbox"/> Bus Monitor | <input type="checkbox"/> Games Coordinator |
| <input type="checkbox"/> Multimedia / Photos | <input type="checkbox"/> Music / Puppets |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Prayer Support |
| <input type="checkbox"/> Tribe Leader | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Activity Helper at The Resort |



If you are applying to be a children's Buddy, what age child would you like to be with (if possible)?

9 year old 10 year old 11 year old 12 year old Any age

Personal References: (Please fill out if you are a **first time applicant** - do not include relatives.)

1. Name:
Address: Phone:

2. Name:
Address: Phone:

Spirituality

We respect all beliefs and values.

Do you have a faith? Yes No
If yes, please specify:.....

Are you affiliated with a church or faith organisation? Yes No
If yes, please specify:

Are you involved in any other church or para-church ministries?

Personal Background

Open and honest relationships are important to C.H.I.P.S®. All information is strictly confidential and we will need to discuss any of the experiences shown below with you before determining your suitability to attend the Day.

If you do not wish to disclose this information here, please tick the box below and we will contact you:

confidential discussion requested

Please tick anything below which you have experienced:

- | | |
|---|---|
| <input type="checkbox"/> taking or being in possession of illicit drugs | <input type="checkbox"/> having a restraining order against you |
| <input type="checkbox"/> being charged with a criminal offence | <input type="checkbox"/> an accusation of sexual harassment or assault |
| <input type="checkbox"/> an accusation of child abuse | <input type="checkbox"/> being cautioned or subject to formal disciplinary action |

Please provide details for any of the above:

Please note: All information is strictly confidential and any information given will not automatically rule out any applicant.

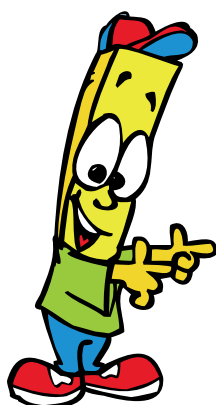
VIT/Working With Children Check (WWCC) - See www.workingwithchildren.vic.gov.au

All volunteers are required to have a current Working With Children Check or Victorian Institute of Teaching (VIT) Card.

Please complete the relevant section below.

WWCC Number: Expiry Date: / / Employee/Volunteer (E/V):

VIT Card Number:..... Expiry Date: / /



Please add C.H.I.P.S® as one of your nominated WWCC organisations **before** you hand this form in by logging into your WWCC account.

Use these details: **CHIPS, PO BOX 291, Narre Warren, VIC 3805 Ph: 03 9702 5528.**

If you do not have a WWCC, **before** you hand this form in, please apply for it online, include C.H.I.P.S® as one of your organisations (with the details shown above) and attend your local post office for a compliant digital photo and streamlined identity verification.

Please attach the following to this form:

- a copy of your VIT Card **OR**
- a copy of your WWCC and a screen print showing C.H.I.P.S® as one of your WWCC organisations **OR**
- a copy of the receipt you will be given at the post office upon applying for a WWCC

Medical History

(This section is required to ensure that C.H.I.P.S® is aware of any medical condition/injury you have that may affect you whilst on the day.)

Medicare No: Exp: Your position on card:

Health Fund Name: Membership No:

Health Care Card/Pension No: Ambulance Membership No:

Doctor's Name: Phone:

Do you have any medical problems? Yes No

If yes, please specify:

Please list any medication/s that you are currently taking:

(Please Note: For safety reasons, medications are to be either given to the nurse or locked in a vehicle.)

Do you smoke? Yes No

Have you had any serious injuries over the past three years? Yes No

If yes, please specify:

Are you allergic to any medication? Yes No

If yes, please specify:

Are you allergic to anything else? Yes No

If yes, please specify:

Do you have special dietary requirements? Yes No

If yes, please specify:

By signing my name, I hereby signify the above information is true and correct to the best of my knowledge and I agree to the conditions of the application process.

Signature:

Date: / /

Print Name:

Parent/Guardian Signature (if under 18):

Date: / /

Print Name:

Note: This form is an application only. Suitable applicants will be informed of their acceptance when all application criteria have been met. The Director and / or Board of C.H.I.P.S® reserves the right to decline an application at any stage of the application process, if an applicant is considered to be unsuitable. Acceptance will also be determined by the gender and ages of the children booked to attend the Adventure Day.



Consent and Authorisation

In the case of an emergency, I am aware that the C.H.I.P.S® leaders or designated helpers will:

- Advise the emergency contact listed on page 3.
- Seek medical attention or assistance for me, at the nearest or most convenient medical/emergency facility.
- Arrange transport for me if required (this may require transport by ambulance).

Whilst C.H.I.P.S and its leaders will take all reasonable care to secure my safety, I understand that neither C.H.I.P.S®, 'Life Gets Better'® leaders, nor designated helpers, will be held responsible for any injuries incurred to me, as a result of the Day's activities. C.H.I.P.S® and 'Life Gets Better'® leaders and helpers will not be held responsible for any costs incurred in securing medical treatment for me; including medical assistance, treatment, ambulance, etc.

I hereby state that I wish to attend the 'Life Gets Better'® Adventure Day, and agree that all C.H.I.P.S® staff and volunteers cannot be held liable for any accident or injuries that may occur during the duration of the Day; which includes travel to and returning from the campsite. I consent to C.H.I.P.S® collecting, using and disclosing the personal, sensitive and health information on this form for the purpose of my participation in the 'Life Get Better'® Adventure Day, and in accordance with C.H.I.P.S' Privacy Policy.

I agree to C.H.I.P.S® using any photos or videos taken of me on the 'Life Gets Better'® Adventure Day for promotional purposes.

I, the undersigned, have read the consent and authorisation and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature:

Date: / /

Print Name:

Parent/Guardian Signature (if under 18):

Date: / /

Print Name:

The information on this form will be held by the C.H.I.P.S® leaders. This information may be disclosed to private medical or para-medical staff or other relevant officers, in the event of an accident or emergency.

Payment Details

The cost of this Adventure Day has been sponsored by the 2021 'Sunrise to Sunset Challenge' Fundraiser.

If you would still like to contribute to the work of C.H.I.P.S®, our preferred method of payment is via Give Now, see www.givenow.com.au/chips follow the prompts and you will automatically receive a tax deductible receipt. Alternatively you can transfer payment to the C.H.I.P.S® bank account:

BANK: Bendigo Bank
BSB: 633 000
REF: Use your full name

BANK ACCOUNT NAME: Christians Helping in Primary Schools
ACCOUNT No: 1300 52194

- I will donate \$20 to buy a soft toy for a child who attends the Adventure Day \$.....
- I will donate \$..... to C.H.I.P.S® \$.....

Please finalise any donations by Thursday 18th October

TOTAL \$.....



Please complete and return to:

C.H.I.P.S®
P.O Box 291
Narre Warren, Vic 3805
phone: (03) 9702 5528
mobile: 0435 024 477
email: enquiries@chips.org.au
www.chips.org.au