

# Totara Springs Autumn Camps 2012

## Leadership Application Form

**Section 1: Camp Selection** (You may select multiple camps)  
 Please select a camp from the list below:

<input type="checkbox"/> Kids Camp Leader	min age 15+	15 - 20 April '12	(5 nights)
<input type="checkbox"/> Kids Camp LIT (\$80)	min age 13+	15 - 20 April '12	(5 nights)
<input type="checkbox"/> Junior Kids Camp Leader	min age 15+	10 - 13 April '12	(3 nights)
<input type="checkbox"/> Junior Kids Camp LIT (\$50)	min age 12+	10 - 13 April '12	(3 nights)

Please Note: LITs need to complete an additional application form. Please email Felicity for a copy.  
 To be considered for the LIT program we must have received these forms by the **16th of March 2012**.

**Section 2: Leader Details** (Please ensure ALL information is completed)

Name of Leader:   Male  Female

Address:  #  Street  RD#  Town/City  Post Code

Phone:    Home Work Cell

Leader's Email:

Leader's Date of Birth:  Age:  Church:

**Section 3: Medical Details** (Please add further information on a separate page if required)  
 Specify below any disabilities or conditions (or behaviour) that may require special care:  
 (Some examples might be bed wetting, fits of any type, heart conditions, dizzy spells, migraines, travel sickness, sleep walking, ADD/ADHD, asthma)

Please specify any medication that you may be taking during camp:  
 Please note: Medication, including paracetamol, **MUST** be handed in at the start of camp

Specify below any dietary requirements (i.e. vegetarian, dairy-free, nut-free, gluten-free, other food allergies):

Last tetanus shot date:  Are you allowed to be administered paracetamol?  
 Yes  No

**Section 4: Leadership Information- LEADERS ONLY (not LITs)**  
 Do you play any instruments, have special talents or any qualifications that you can use for camp?

Have you completed the following in the past TWO YEARS?  
 (You must have these completed before you can come to camp)

Leader Application Form  Reference Form  Police Check (17 years & older)  
(filled in by your church leader)

Referee - You **MUST** provide a referee from your church. e.g. youth leader or pastor to be accepted

Name:  Phone:

How long has this person known you?

**Section 5: Camp-specific Information**

Tick if you will be taking the Auckland Bus home:

What is your preferred age to work with?  
 6-7  7-8  9-10  11-12  13-14  15-16  16+

**Section 6: Emergency Contact Details**  
 MUST be available 24 hours a day during the camp

Name:  Relationship to Leader:

Phone:    Home Work Cell

<b>OFFICE USE ONLY</b>	<b>ACCEPTED</b>	<b>FEES PAID</b>	<b>INVOICE NO.</b>
<input type="checkbox"/> Entered	<input type="checkbox"/> JK Leader	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Reply	<input type="checkbox"/> JK LIT		
	<input type="checkbox"/> K Leader		
	<input type="checkbox"/> K LIT		

**Send form to:**  
 Leader Registrations  
 Totara Springs Christian Centre  
 288c Taihoa North Rd, RD3  
 Matamata, 3473

**Contact details:**  
 p: 07 888 4700  
 m: 027 890 1164  
 e: [felicity.stone@totarasprings.org.nz](mailto:felicity.stone@totarasprings.org.nz)  
[www.totarasprings.org.nz](http://www.totarasprings.org.nz)

**Section 7: Payment and Donation Details**  
 Please Note: Payments will only be taken once they have confirmed a place.

Amount enclosed/Authorised: \$   Cheque?  Cash?  Credit Card?

Credit card Information:  Visa  Master Card

Cardholder Name:

Card Number:

Card Expiry (mm/yy):  Signature:

**PTO** Please ensure both sides of this form are complete

