## **Application Form for Voluntary Team Member 2012**



'King's Club' & 'Awesome Camp' Summer Camps in Hungary

If you have any queries please contact Neil Potts at: 37 Lawrence Street, Caerphilly, Mid Glam, CF83 3AJ Telephone 029 20862864; Email: neil@potts.hu



..

## Please complete this form as fully as possible using BLACK INK and BLOCK CAPITALS

Camps Applying For: (please tick) 'King's Club' 23<sup>rd</sup> – 27<sup>th</sup> July, 2012 (Awesome Camp' 29th July – 4<sup>th</sup> August, 2012

| Applicant's Details                |                            |
|------------------------------------|----------------------------|
| Name: Postal                       | Address:                   |
| Date of Birth (DD/MM/YY):          |                            |
| Age on first day of Camp: Post Co  | ode:                       |
| Email Address:                     |                            |
| Telephone Number:                  | Mobile:                    |
| Parent or Guardian Contact Details | Second Contact Details*    |
| Name:                              | Name:                      |
| Relationship to Applicant:         | Relationship to Applicant: |
| Address:                           | Address:                   |
|                                    |                            |
|                                    |                            |
| Email Adress:                      | Email Address:             |
| Telephone:                         | Telephone:                 |
| Mobile:                            | Mobile:                    |
|                                    |                            |

\* The 2nd Contact Details should be a relative or friend we can contact if we cannot get hold of your parent or guardian

Please give the details of two people, not family members, who are over 18 years of age, and have known you for at least two years who would be willing to act as your referees. One should be your minister or church leader.

| Church Leader's Details:   |
|--|
| Please give details of your church leader. We will contact them for a reference. |
| Name of church you attend:   |
| Name of church leader:   |
| Address:   |
| Email Address:   |
| Telephone Number:  |
| Second Referee:  |
| Name:  |
| Relationship to Applicant:   |
| Address:   |
| Email Address:   |
| Telephone Number:  |

| Medical & Special Requirements<br>Doctor's Details   |                                |  |
|--|--------------------------------|--|
| Name:  |                                |  |
| Address:   |                                |  |
| Post   | Code:                          |  |
| Have you any medical needs that may require attention or medication?<br>Have you received a Tetanus injection within the last 10 years?                | Yes / No<br>Yes / No           |  |
| Have you received a retained injection within the last 10 years.<br>Have you received counselling or treatment for depression or mental illness in the | -                              |  |
| Do you have any kind of food allergy, such as a nut or soya allergy?   | Yes / No                       |  |
| Do you have any special dietary requirements?<br>(If yes please use the space below to give us more information)                                       | Yes / No                       |  |
| Do you have an up to date European Health Insurance Card*  | Yes / No                       |  |
| Write your European Health Insurance Card number in the box below:   |                                |  |
| Section 8: Identification number of the card:  | Section 9: Expiry Date:        |  |
| Please give any extra information regarding your medical history that may affect yo spent in Hungary?  | ou during your flight and time |  |
|  |                                |  |
|  |                                |  |
|  | ~                              |  |
|  |                                |  |
| <b>Personal information</b><br>Briefly describe how and when you became a Christian, the difference your faith m<br>current involvement in church:     | nakes to your life and your    |  |
| What church do you attend? Please give contact name and phone number if different from your referee:   |                                |  |
| Why are you interested in voluntary ministry on King's Club/Awesome Camp?  |                                |  |
| What gifts and skills do you believe God has given you and how would you like to use them during the trip?   |                                |  |
| Which musical instruments do you play?   |                                |  |
| Which languages do you speak?  |                                |  |
| Other:<br>Air travel: Do you wish us to arrange this?<br>Yes / No  |                                |  |
| Travel insurance: Do you wish us to arrange this? Yes / No   |                                |  |
| Any other comments you wish to add:  |                                |  |
|  |                                |  |
|  |                                |  |

| Declaration DATA PROTECTION STATEMENT   |
|---|
| All information will only be used for the purpose of 'King's Club/Awesome Camp. We will hold your address details<br>on file but will not release the information to any third party.   |
| Do you give your consent to this? Yes / No  |
| Do you have any criminal convictions, cautions, reprimands, bind-overs or cases pending? Yes / No   |
| If yes please give details on a separate sheet of paper.  |
| <b>CRB Check</b><br>The Criminal Records Bureau (CRB) is an Executive Agency of the UK Home Office. The CRB service<br>enables organisations in the public, private and voluntary sectors to make safer recruitment decisions by<br>identifying candidates who may be unsuitable for certain work, especially that involves children or<br>vulnerable adults.   |
| If you are 18 year's old or older, do you currently have a valid CRB check? Yes / No  |
| Date of CRB check:  |
| Enhanced CRB Number:  |
| Organisation that completed this CRB check:   |
| <ul> <li>Please read the following statements and then sign the form at the bottom of the page if you agree with them all (or agree with them and you give your consent for your child to attend the mission trip).</li> <li>I am applying to be part of the team for the Hungarian King's Club/Awesome Camp in 2012.</li> <li>I know that this week/s is/are not a holiday and that the main reason for the mission trip is to run a children's/teenager's holiday camp, to work hard and to share the message of the Gospel.</li> <li>I will seek to maintain the unity of the team with which I am working, being willing to put aside personal preferences and practices where necessary.</li> <li>I have read and agree to abide by the leaflet entitled: Serving with King's Club and Awesome Camp Hungary.</li> <li>I acknowledge that I am responsible for fundraising for the required sum of money for me to attend the mission trip. Along with the team leaders and adult volunteers I agree to do everything possible to raise this money.</li> <li>The right to refuse any application is reserved by mission trip organisers.</li> <li>I have completed all sections of the form accurately, to the best of my knowledge.</li> </ul> |
| Your/Parent or<br>Guardian Signature:   |