



Sunday 19 April to Saturday 25 April 2020, at the Esperance Anglican Community School

Camp Friend Nomination Form

Please attach
a photo of
yourself.
(optional)

PERSONAL DETAILS

Surname: _____ First Name: _____
Preferred Name: _____ Date of Birth: _____
Sex: _____ Chest size for camp T-shirt: _____
Home address: _____
Suburb: _____ State: _____ Post Code: _____
Phone (H): _____ Mobile: _____ Email: _____
Current Employment: _____

So that we can use your talents and skills to make ACE 2020 a fantastic experience for everyone, please tell us about your interests, hobbies or any special talent or skills you have! _____

MEDICAL HISTORY

Please list any medical/ health conditions: _____

Known Allergies (e.g. insect bites, foods, sticking plaster, medications such as penicillin) : _____

Doctor's Name: _____ Phone No: _____

Medicare No: _____ No. on card: _____

Do you have private health insurance? YES / NO. Fund name: _____

Approx. Date of last Tetanus Injection: _____

EMERGENCY CONTACT PERSON

Surname: _____ First Name: _____

Relationship to You: _____

Home Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone (H): _____ Phone (W) : _____

Mobile: _____ Email: _____

Will they be home during the period 19 - 25 April 2020? Yes / No (If No, please provide an alternate contact person)

QUESTIONNAIRE

(Please answer all Questions)

Please note: Answering 'NO' to the questions below will not necessarily preclude you from being accepted as a Camp Friend.

Have you been a Supporter at a previous Camp for People with Disabilities?	YES / NO	IF YES - please provide details
Have you previously worked as a carer for a person with a disability or impairment?	YES / NO	IF YES - please provide details
Are you willing to participate in all Camp Activities?	YES / NO	IF NO - what can you not participate in?
Do you have any dietary requirements such as food allergies, vegetarian?	YES / NO	IF YES - please provide details
Do you hold a Current First Aid Certificate?	YES / NO	IF YES - please provide details
Do you hold a current Pool Lifeguard Certificate?	YES / NO	IF YES - please provide details
Do you have a current Police Clearance?	YES / NO	If YES - please provide a copy If NO, we will help you apply for one as a volunteer
Do you have a current Working with Children Card	YES / NO	If YES - please provide a copy. If NO, we will help you apply for one as a volunteer
Are you available to be on camp 24/7 for the duration of the camp?	YES / NO	Camp Friends <i>must</i> be prepared to live in for the camp. Short periods of absence may be arranged with the Camp Coordinators for appointments etc.

Adventure Camp Esperance 2020 Conditions

- No alcohol or drugs (other than prescription medication) are permitted at Adventure Camp. Note: all prescription medicine must be kept securely in a locked cupboard or given to the camp nurse.
- No smoking is permitted on Camp grounds
- The use of bad or inappropriate language will not be tolerated on camp
- Successful nominees will be advised directly by the Adventure Camp Committee
- It is your responsibility to arrange transport to and from the Camp.

Adventure Camp Esperance Committee and Support Workers (Friends) are all volunteers who give their time freely to assist the Campers. All activities and procedures at Adventure Camp are examined for risk management implications.

I authorise the Rotary Clubs of Esperance Camp Esperance 2020 Nurse/First Aid Officer/ Organisers to provide emergency medical care at my own cost, if there is not sufficient time to contact the nominated emergency person. While we will have a Camp Nurse or First Aider on site, we are not a high care organisation and generally we, the Rotary Volunteers and Camp Support workers are without nursing or medical experience.

I authorise and agree to the Camp Committee using any photographs or other material relating to me in advertising or other marketing material used by Rotary for the purpose of promoting this or future Adventure Camps Esperance.

I agree that I will not place any photograph of or other material relating to any person who attended Adventure Camp Esperance 2020 on Facebook or Twitter or any other electronic media or on or in any hard copy media for business or personal reasons unless and until you have the written authority of the person who appears in the photograph or material **and** the Adventure Camp Esperance Committee.

I agree that I will not otherwise make any photographic or other material relating to any person who attended Esperance Adventure Camp available to be seen by the general public by any means unless and until I have the written authority of the person who appears in the photograph or material **and** the Rotary Club of Esperance Bay Adventure Camp Esperance 2020 Committee.

ADVENTURE CAMP ESPERANCE 2020
Rotary Club of Esperance Bay
Post Office Box 616
ESPERANCE WA 6450

NOMINATIONS to be received by 1ST February 2020

Signed: Please print name:

Date :.....

You will be contacted by the Rotary Club of Esperance Bay to confirm if your application to be a Camp Friend is successful.

Please ensure you sign the General Release and Indemnity form on the following pages and return with this form to the ACE Committee