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current
photo here

Volunteer Application Form

Personal info

Given Name: _____ Family Name: _____

Preferred Name: _____ Gender: _____ DOB: ____/____/____ Age: _____

Address: _____

Postcode: _____

Mobile: _____ Home: _____ Email: _____

Emergency Contact

Name: _____ Relationship to you: _____

Mobile: _____ Home: _____ Email: _____

WWCC Details (All volunteers must have a current Victorian Working with Children Check, or equivalent):

Number: _____ Expiry: _____

Positions Available (please tick preference, or number in order of preference)

(Please note, placement students are required to take on the role of Cabin Leader.)

Cabin Leader (up to 30 volunteers required) **Medium – High fitness** – Cabin leaders are the lifeblood of Licola camps. The journey begins once you board the bus on day 1 and finishes once you depart the bus on day 5. Cabin leaders spend majority of their day on their feet, supervising campers during activities & mealtimes. But the fun does not stop there, they also help supervise and settle the campers during the nights and stay with them in the cabin, providing a safe & fun environment for everyone involved.

General Helper (up to 6 volunteers required) **Medium fitness** – General helpers are the glue that keeps camps running smoothly and on schedule. They help wherever and whenever they're needed. Historically the main roles are helping in the scullery, helping serve dinner, helping with laundry, filling in for cabin leaders during activities, taking epic photos and much more!

First Aider (up to 3 volunteers required) – **Medium – High fitness** – First aiders must have a minimum of First Aid & CPR qualifications. You will be responsible for administering medications to campers and tending to both camper & volunteers medical needs as necessary.

Camp Preference (please refer to camp calendar at Licola.org.au for camp specific camp dates & bus pickups)

January Camp 1 January Camp 2 January Camp 3 April Camp 4 September Camp 5

Bus Pickup/Drop off Location:

Personal Medical Information:

Due to the remote location and the nature of these positions, all volunteers require a good general level of fitness & be in good health. Please speak to our staff if you are unsure which role you will suit best. In order to ensure everyone’s safety & well-being, please provide your medical circumstances:

Do you have any of the following?

- Diabetes Heart Problems Epilepsy Back Problems High Blood Pressure Sight Impairment Hearing impairment Asthma Other

If you ticked any of the above, please provide more information: _____

Allergies? No Yes If yes, are you anaphylactic? Please explain: _____

Is there anything we should know about that could potentially impact your full participation on camp?: _____

Medicare Number: _____ Ambulance Cover: _____

Private Health Fund: _____ Number: _____

Doctors Name: _____ Doctors Contact Number: _____

Year of last tetanus shot: ____/____/_____

If you are taking medication during camp that may impact on your ability to perform your duties, you are required to advise camp staff. You must ensure any personal medication is stored in the first aid room; no medication is to be left in cabins.

Please provide details of any medications you are bringing to camp:

Medication Name	Dosage	Time Taken

Dietary Requirements None Vegan Vegetarian Halal Gluten Free Lactose Free Dairy Free

Other If “other” please specify:

About you

Have you volunteered at a Licola camp before? No Yes

Have you volunteered at another camp before? No Yes

If yes, where have you previously volunteered? _____

Do you have any experience working with children? No Yes If yes, please provide more information:

Are you attending camp for "student placement"? No Yes

If yes, what are you studying? _____

Name of Institution: _____ Contact Number: _____

Why do you want to attend a Lions Sponsored Camp? _____

What qualities will you bring to camp? _____

Authorisation:

I understand that approval to act as a volunteer is entirely at the discretion of LVL and may be withdrawn should my behaviour put at risk any child, leader or property, or for any other reason communicated to me by the Camp Manager. I have read all relevant Lions Village Licola Inc. policies in relation to Lions Sponsored Camps and the 'Child Protection Policy & Code of Conduct'. I agree to abide by all conditions.

In the case of serious emergency and if I am unable to give necessary consents, I direct LVL Directors and staff to consent to any medical or surgical treatment including anaesthetics, as necessary on my behalf and accept full responsibility for any such expenses incurred.

I also consent to my image being used in public relations efforts for Lions Village Licola Inc. including, but not limited to media releases, brochures and videos.

Signed: _____ Dated ____/____/____

Please return completed form to Volunteer Co-ordinator – Lions Sponsored Camps: Licola Wilderness Village, 5 Jamieson Road, Licola 3858 Phone: (03) 5148 8791 Email: volunteerslicola@hotmail.com