



Where Friends and Memories are Made!

**Our AIM:** To give disabled children a great weekend with fun-filled activities, new friends and most importantly, the opportunity to come to know Jesus.

## **Make an IMPACT! Be a Group Leader**

### **GROUP LEADER**

The camp officially **opens at 4 pm on the Friday**. You may arrive between 4.00 and 5.00 pm. The **camp closes at 2.00 pm on the Sunday**. If you are available after this, we would love some help to clean the camp.

We will give you clear direction and much encouragement and advice as you work alongside the children in your group.

We believe we will see some of their spiritual and emotional needs being met, through meaningful times of praise and worship, life-related Christian teaching and personal prayer ministry undertaken by our CBM team.

Recreational activities are co-ordinated by our team. You will be involved in these, supervising your own group. You will be responsible to facilitate a 10-minute group devotion on Saturday and Sunday. Full notes and ideas will be provided which you will need to study before camp.

***Acceptance is at the discretion of the camp director.***

### **LOCATION:**

Motu Moana Scout Camp, 90 Connaught St, Blockhouse Bay, Auckland.

# LEADER REGISTRATION FORM 13-15 March 2020

Title:

Last name:

First name:

Name preferred or known by:

Address and postal code:

Email:

Ph: (home)

(mob)

Age:

Sex:

Date of birth:

Church :

Please state a contact person you wish us to notify in the event of an emergency.

Name:

Relationship to you:

Phone:(home)

(mobile)

(work)

## Reference:

For all our voluntary helpers we require a reference from the pastor or home group leader recommending them as a suitable group leader or kitchen helper. If you have not been to our camp for six months or more we require a new reference.

Referee's Name:

Referee's Address:

Referee's Email:

Referee's Phone:(home)

(mobile)

(work)

## MEDICAL SECTION

*This form must be filled in for the camp to accept your registration.*

Do you have any Diagnosed Conditions?

YES

NO

(Eg Asthma, Diabetes, Epilepsy, ADHD etc)

If yes, please name the condition(s) and any information we should know about:

Any problems with hearing or vision?

YES

NO

If yes briefly explain:

Are you allergic to any medication or food?

YES

NO

If yes please state which ones:

Are your immunizations up to date?

YES

NO

When was your last Tetanus injection?

Current medication?

(These will need to be kept in the first aid room at camp.)

