

**GROUP LEADER/**

**KITCHEN HELPER**

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

**Kitchen Helper at our School Holiday Camps**

**(Jan, April and Sep/Oct holidays)**

Our AIM: To give kids ages 7-14, a great fun-filled break with awesome activities, and most importantly, the opportunity to come to know Jesus as their Saviour and friend.



GROUPLEADER

Our CBM team has conducted camps for many years. If you come as a group leader, we will give you clear direction and much encouragement and advice as you work alongside children in your group. This “hands on” ministry with a group equates to 90 hours of very practical training. You will learn much on how to help children develop in their social skills. You will see many 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. We believe what can be achieved in 7 days in camp can equate to a year in Sunday school or Children’s Church. 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 30-minute group study on several days throughout the week. Full notes and ideas will be provided which you will need to study before camp.

KITCHENHELPER

You may prefer to take another vital role, that of a kitchen helper. This entails a 6.30 am start! We do give you a two hour break in the afternoon!! Kitchen helpers are asked to attend the 9.30 am and 7.15 pm children’s meetings and observe the teaching and ministry taking place. You are free to participate in the afternoon activities if you wish, when not required in the kitchen. Acceptance is at the discretion of the Camp Director. On acceptance, a detailed booklet will be sent to you covering all aspects of camp life.

REGISTRATIONFORM

**Personal Details (NB- Tick the appropriate boxes)**

Please enrol me  **Jan**  **April**  **Sep /Oct** *(Select camp)*

*(Please select which week)*

**1st week**  or **2nd week**

**Group Leader**

**Kitchen Helper**

**Title: Mr**  **Mrs**  **Miss** **Age**

**Last Name:**      

**First Name:**      

**Name preferred or known by**      

**Address:**       **Postcode:**      

**Email Address:**       **Church Attending:**      

**Age:**      

**If you have a birthday in camp and would like us to celebrate at camp**

**please put the date here**

**Phone Numbers:** (mob)      (home)   -   -      (wk)   -   -

**Travel Details** *(NB - Tick appropriate boxes)*

**Arriving at Camp on**   /  /  *by***own Transport**  **OR Camp Bus**  I will be using the **INTERCITY** Bus to Hamilton

**Leaving Camp on**   /  /  ***by* own Transport**  **Camp Bus**

I will be using the **INTERCITY** Bus from Hamilton

***Please note it is up to you to organise your own bus bookings.*** If travelling from Auckland use the Intercity Coachlines. If travelling from other parts of the country use Intercity or other companies. ***Contact us with booking numbers.***

Please state a **Contact Person** you wish us to notify in the event of an emergency.

Contact’s Name:

Relationship to you:

**Phone Numbers:** (mob)       (home)   -   -      (wk)   -   -

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 Ph Contact:** (mob)      (home)   -   -

(wk)   -   -     

MEDICAL SECTION

This form must be filled in for the camp to accept your registration. *(Please select* ***“YES”*** *or* ***“NO”*** *for every box and give explanations when appropriate)*

Do you have any **Diagnosed Conditions**?  (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**?

If yes briefly explain:

Are you **allergic to any medication or food**?

If yes Please state which ones:

Are your **immunizations** up to date?

When was your last Tetanus injection?    /    /

Current medication?

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

**As a group leader you will be involved in supervising outdoor activities around the camp site. Are there any Physical / Health / or other needs of which we should be aware of that could affect your full involvement?**

If yes please explain

In the event you need to see a doctor, do you have a **Community Services Card?**

Card number:      Expiry date:   /  /

**I give my consent for the Camp, when necessary to authorise on my behalf any emergency medical care. I also agree to reimburse Camp Raglan for all costs incurred.**

Date:   /  /

EXPERIENCESECTION

If you have any experience in ministering to children, please give some details

Do you play a **musical instrument**?

Type of Instrument/s:

If you play a portable musical instrument, please bring it to camp with you; musical

instruments can be a real help in leading children to worship the Lord.

**Police Consent Form:** *If you have never completed a Police Consent form we will send you one on receipt of your application.*

CAMP FEES

*You are welcome to bring your own children from age 6 years up. We do not have a compulsory fee structure for leaders. However, there are very real costs in feeding each child and adult that attends. Therefore, we would* ***appreciate a realistic donation*** *to cover these costs while your family is at camp.*

**I am giving a donation of $**       **to cover** **the costs of myself / my family.**

Direct Credit to Camp Raglan A/C 030175-0013647-02 (Use surname and DON as reference.) Cheques to Camp Raglan, PO Box 8774 Symonds Street, Auckland 1150

**NB You will need to fill in a campers form for each of your children attending.**

**Please email this form to info@cbm.org.nz**

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For Office Use Only

Vetting Form

Reference