

GROUP LEADER

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



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.

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 8-10 March 201

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.)

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? YES NO

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.

EXPERIENCE SECTION

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

The fees for a leader to come to camp have been subsidised to \$60. This is to cover the cost of food for the weekend.

To pay by internet banking:

Account number: **03 0175 0013647 02**

Account name: **CBM**

Reference: **KC and Surname**

To pay by cheque, please make cheques payable to CBM and

Mail to: **Camp Registrar, Kids Connect**
PO Box 8774,
Symonds St,
Auckland 1150

Cutlery and crockery are provided

If possible bring a costume that reflects our theme of "Under the Sea"

**Save this completed document to your computer then return it as soon as possible
as an email attachment to: info@cbm.org.nz**