

Volunteer Registration Form 2017/2018



PROGRAM INFORMATION	
EVENT: Little Stars Kids Camp Program.	
PARTICIPANT INFORMATION	
NAME:	
ADDRESS:	
SUBURB:	POSTCODE:
HOME NUMBER:	*EMAIL:
MOBILE NUMBER:	
SHIRT SIZE: (Adult Sizes) Please Circle S M L XL XXL XXXL	
Date of Birth:	
EMPLOYER:	POSITION:
Personal Referee Name:	Personal Referee Contact:
EMERGENCY CONTACT	
CONTACT NAME:	RELATIONSHIP:
HOME PHONE:	MOBILE NUMBER:
<p>You are required to advise Keema Children's Foundation if the status of your health changes after completing this form or you come into contact with an infectious disease, including chicken pox, gastro or influenza within TWO weeks of the program.</p>	
GENERAL MEDICAL and CARE INFORMATION	
<p>It is important that Keema Children's Foundation has up to date information about your health, so that in the unlikely case of injury/illness we are able to provide the most appropriate medical care.</p>	
<p>1. Dietary requirements i.e. gluten free, no red meat, celiac etc. If yes, please provide a description:</p>	No
<p>2. Allergies, sensitivities or reactions i.e. asthma, bee stings, nuts, grass, hay fever etc. If yes, please provide a description:</p>	No

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Do you have an epi pen:

Do you use an asthma puffer:

3. Any pre-existing injuries/illnesses/ailments?

Yes No

Heart Condition

Diabetes

Asthma

Epilepsy

Blood disorder

Physical injuries/limitations i.e. back

pain

If yes, please provide description:

Recent surgery if yes, please provide description:

What role are you interested in assisting with?

Camp Buddy for a child

Administration

Assistance with activities at camp

Camp Photographs

Camp Leader

4. Are there any physical, social or psychological ailments that may affect your participation in an activity? ie claustrophobia, fear of heights etc.

Yes No

If yes, please provide description:

5. Do you have a current first aid certificate or any other medical qualification? If so, please set out below.

6. Do you take any regular medication that you will be bringing to the program? ie high blood pressure medication, contraceptive pill, insulin, anti histamines, vitamins, etc

Yes No

If yes, please provide description:

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It is your duty of care to hand in medication to the Medical Team at the beginning of our camps

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MEDIA PERMISSION	
Do you give permission for: Photos of you being placed in any KCF publicity:	Yes <input type="checkbox"/> No <input type="checkbox"/>

BLUE CARD IDENTIFICATION	
7. Do you have a current Blue Card? No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, - Validation Number	
Please Attach a legible copy of your Blue Card and one other form of photo identification.	
If you already have a Blue Card, please complete the "Link an Applicant form". If you do not have a blue card please complete the "Blue Card Application form". Please attach copies of your identification as required by the Blue Card Form.	

PRIVACY NOTICE	
Keema Children's Foundation collects your personal information to administer our programs, including complying with our legal obligations and if you are a Companion, to allow families to get to know you better. We may also collect your 'sensitive information', such as criminal history information obtained through a Police Record Check or Working with Children Check for the same purpose. We also may collect your personal information to promote and communicate with you about our initiatives if you do not provide the information requested you will not be considered for a position as a volunteer. We may disclose your personal information to third parties that provide services to Keema Children's Foundation. If you have volunteered as a Companion, we may also disclose your personal information to families to enable them to get to know you. Our Privacy Policy located at http://www.keemachildrensfoundation.com.au/privacy-policy contains information about: (i) how you can access and correct your personal information; and (ii) how to lodge a complaint regarding a breach of the Australian Privacy Principles and how we will handle such a complaint.	

CONSENT	
By signing this document you agree that you have completed this truthfully and to the best of your knowledge.	
Signed:	Date: