



**LIONS VILLAGE LICOLA INC. (LVL)  
VOLUNTEER APPLICATION FORM 2019**



LVL is committed to child safety and has zero tolerance for child abuse or discrimination.

**Working with Children Check No.** ..... **Camp date:** .....

**Contact Information:**  
 Your Surname: ..... Your Given Names: .....  
 Address: ..... Suburb/Town: ..... P/code: ..... State .....  
 Date of birth: ..... Age: ..... Sex: Male/ Female  
 Contact Numbers: A/H ..... Business: .....:Mobile .....  
 Email : ..... Occupation: .....

**Emergency contact:**  
 Surname: ..... Given Name: .....  
 Address: ..... Suburb: ..... P/code .....  
 Contact Numbers: A/h ..... Business: ..... Mobile: .....

**Why would you like to become a Volunteer at Lions Village Licola?**  
 (Please include all information relative to this application). Use additional page if required  
 .....  
 .....

**How did you hear about Lions Village Licola?** .....

**Employment/Current Tertiary Institute/Previous experience:**

Organisation: ..... Dates of employment/Enrolment .....  
 Position: ..... Supervisor/Principal .....  
 Contact Numbers: A/H ..... Business: .....:Mobile .....

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**DO YOU HAVE QUALIFICATIONS IN ANY OF THE FOLLOWING? \***

ACTIVITY	QUALIFICATION	EXPERIENCE
Lifesaving		
First aid		
Dance		
Art		
Other		

\*Please include photocopies of all relevant qualifications

HAVE YOU BEEN TO A LICOLA CAMP? YES/NO  
 IF YES, IN WHAT CAPACITY? .....

**Availability:** Please circle as appropriate

- |           |   |   |
|-----------|---|---|
| Camp 294: | Monday 7 <sup>th</sup> to Friday 11 <sup>th</sup> January 2019    | <b><u>Geelong &amp; V2 Clubs</u></b>      |
| Camp 295: | Sunday 13 <sup>th</sup> to Friday 18 <sup>th</sup> January 2019   | <b><u>V6 and Country V1-4 Clubs</u></b>   |
| Camp 296: | Monday 21 <sup>st</sup> to Friday 25 <sup>th</sup> January 2019   | <b><u>Metropolitan &amp; V3 Clubs</u></b> |
| Camp 297: | Monday 8 <sup>th</sup> to Friday 12 <sup>th</sup> April 2019      | <b>All Districts</b>                      |
| Camp 298: | Monday 23 <sup>rd</sup> to Friday 27 <sup>th</sup> September 2019 | <b>All Districts</b>                      |

**Leaders are accepted on the condition that they are willing to act in any position at camp.**

In addition, would you be willing to act as a bus marshal to/from Licola – Yes / No?

**All Leaders are required to travel to the camp on the buses supplied and to assist with discipline.** Please nominate which pick up point you will use (see brochure): .....

Your Name: .....

**Medical Information:**

In order for us to provide adequate support for you in an emergency situation we need to be aware of your needs. If you suffer from any chronic or recurrent ailment or physical restriction, it must be disclosed so that appropriate provisions can be made for your welfare. Please complete in as much detail as possible and add other pages if required. Failure to disclose such information may result in you being asked to leave camp.

Medicare/Pension/Health Care No: ..... Expiry date: .....

Ambulance Subscription? Yes/No. If yes, Membership Number: ..... Expiry date: .....

Private Health Cover: Yes/No. If Yes, Name of fund: ..... M/ship No. ....

Family Doctor's Name: ..... Telephone No.: .....

Special Dietary requirements: Yes/No Special Requirements: .....

<b>Do you suffer from any of the following?</b>	Diabetes	Yes	No	Epilepsy	Yes	No	Other	Yes	No
	Seizures	Yes	No	Hay Fever	Yes	No	Anaphylactic Reaction **	Yes	No
	Heart problems	Yes	No	Hearing loss	Yes	No			
	Allergies	Yes	No	Other	Yes	No			

If yes to any of the above, please provide detailed information .....

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\*\*If yes to anaphylactic reaction please provide more details and attach ASCIA action plan to this application

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Have you been immunised against Tetanus? Yes  No  Date of last injection .....

**Medications:**

For the safety of all campers, no camper, volunteer or staff member may have medications (pills, liquid, cream or injections) in their possession at camp. All medications must be given to, and be stored in a secure location by the First Aid representative. Medications will be dispensed from this location. All medications must be in the original pharmacy container/s.

I will be taking the following medications to the camp:

- Disprin
- Panadol
- Cough medicine
- Anti-histamine
- Ventolin
- Other

**If you will be taking Medication, please complete the chart below:**

Medication	Dosage	Time taken

**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 the Lions Village Licola Inc. 'Drug and Alcohol Policy' 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: ..... Date: .....

Please return completed form to Volunteer Co-ordinator – Lions Sponsored Camps:  
Licola Wilderness Village, 5 Jamieson Road, Licola 3858  
Phone: (03) 5148 8791 Email: [programs@licola.org.au](mailto:programs@licola.org.au) ([camping@licola.org.au](mailto:camping@licola.org.au))