



Living Springs Kids Camp Leader Application Form

Name: _____

Address (including suburb): _____

Phone: (home): _____ (work): _____ (mobile): _____

Email address: _____ Age: _____ D.O.B. _____

Emergency contact:

Name and phone number: _____

Please describe why you would like to be a leader:

Please describe your previous experience working with children/young people:

What talents, skills and previous experience could you bring?

Music: _____

Drama: _____

Sports: _____

Outdoor pursuits: _____

Other: _____

Are you trained in first aid and / or CPR?

YES / NO

If yes, please attach a copy of the certificate

Do you have a current full driver's license?

YES / NO

Please provide two referees (pastor, youth leader, employer or teacher) Not family.

Name: _____ Relationship to you: _____

Work phone: _____ Home phone: _____ Email: _____

Name: _____ Relationship to you: _____

Work phone: _____ Home phone: _____ Email: _____

Please give a brief summary of your testimony. Please include your current church and involvement.



Living Springs is a charitable trust with a mission to bring glory to God by sharing the love of Jesus with children and young people through kid's holiday camps. We may, therefore, refuse to accept any individual whose objects or aims we believe on reasonable grounds to be contrary to the Trust deed. Leader positions are carried out on a volunteer basis.

A criminal reference check is also required for all those over 17 years (this does not include those people who are currently 17), please complete the enclosed form and return to the stated address.

We must receive this application for you to be considered as a leader. We will contact you once we receive it and set up an interview with you. If you are successful in becoming a leader at Living Springs you will be required to abide by the camp regulations at all times.

If you are under the age of 18 we require that you have permission from your parent / caregiver to be a leader.

I (caregiver name) _____ give permission for (applicant's name) _____ to apply for a leader position at Living Springs. I understand that they must abide by the camp regulations at all times. In the unlikely event of illness or injury I authorize Living Springs to administer non-prescription medication to _____ and obtain qualified medical attention for which I will reimburse Living Springs. I agree that Living Springs will be free from liability for any injury or loss which _____ may sustain to personal property.

Caregivers signature: _____ date: _____

Thank-you for your interest in Living Springs Kids Camps. If you have any questions or concerns, please feel free to email or call Mel Scott on 03 329 9788 or email me at office@livingsprings.co.nz

POLICE CHECK TO BE COMPLETED BY THOSE WHO ARE 18+

I,.....
(surname) (forenames)

.....
(Maiden or any other names used)

Sex.....(M/F) Date and place of birth.....

Nationality..... Residential address.....

Suburb..... City.....Postcode

NZ Driver License number.....

Hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to Peninsula Adventures Trust. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed..... Date.....

A stamped, envelope addressed to:
Living Springs, Att: Mel Scott, 218 Bamfords Rd, RD1, Allandale, LYTELTON, 8971
must be sent to the below address along with this page.

COMMENTS OF THE NEW ZEALAND POLICE

SEND THIS PAGE TO:
Licensing and Vetting Service Centre
Police National Headquarters
P.O. Box 3017
Wellington