



**Edmund Rice Camps, Townsville**  
**"For the Kids"**

An Agency of the Catholic Diocese of Townsville  
in partnership with the Trustees of the Christian Brothers, Queensland

**I AM APPLYING TO VOLUNTEER FOR THE FOLLOWING EDMUND RICE ACTIVITY:**

EDMUND RICE CAMP to be held on: (Date)

OTHER EDMUND RICE ACTIVITY to be held on: (Date)

**VOLUNTEER'S APPLICATION FORM** DATE: / /

FIRST NAME: SURNAME:  FEMALE  MALE

DATE OF BIRTH: CURRENT AGE:

ADDRESS:

PHONE: MOBILE:

EMAIL ADDRESS:

PREVIOUS ERC EXPERIENCE:

OTHER RELEVANT EXPERIENCE/QUALIFICATIONS (Eg. first aid/bus license):

CURRENT OCCUPATION:

Do you object to your photo being used in the public media? YES / NO

**REFEREES (only complete if this is your first Edmund Rice activity)**

(Please attach two references to this application form)

1. NAME: PHONE:

2. NAME: PHONE:

(Please see over ►)

**PARENT'S PERMISSION (IF UNDER 18 YEARS OF AGE):**

**NAME OF PARENT/GUARDIAN:**

**HOME PHONE NUMBER:**

**MOBILE:**

**PARENT'S RESIDENTIAL ADDRESS:**

I .....being parent/guardian of.....,

authorise.....(name of volunteer) to engage in the activities involved in the forthcoming Edmund Rice Camps activity. (Please note that the accompanying medical form must also be returned. All information supplied will be treated as confidential. A volunteer's eligibility to participate in an activity or activities will not be solely determined from information on this Application Form or the accompanying Medical Form).

.....  
Signature of Parent/Guardian

Date:.....

**I HAVE COMPLETED THE 'BLUE CARD' FORM [VOLUNTEER SUITABILITY NOTICE]:**      **YES / NO**  
(Please circle)

**Please complete Medical Form**      (See over ►)

**DISCLAIMER:** Please do not bring valuable items, including cameras, electronic or musical equipment, or significant sums of money with you on any Edmund Rice Camps activity. ERCT does not accept responsibility for loss, damage or theft (however caused or occurring) to any of your items or moneys. If you bring any items or money you do so at your own risk.

**Please return this form AT LEAST 3 WEEK'S PRIOR to the EDMUND RICE CAMP or OTHER ACTIVITY.**  
(Late applications may be considered)

**Please read Volunteer Information Collection Notice prior to submitting this form.**

# VOLUNTEER'S CONFIDENTIAL MEDICAL FORM

NAME: .....

Date of Birth : ..... Blood Type:.....

1. Are you on any medication? YES / NO

Please state the name and dosage.....

**Please note** : The ERC Coordinator must be aware of all medicines that are taken on any Edmund Rice Camps activity, prior to leaving for the activity. These medicines may be kept in the First Aid Centre or kept by the person. If you use an inhaler then please note this under No. 7 below.

2. Contact in case of emergency

Doctor's Name: .....Ph: .....

Emergency Contact Person's Name:.....

Address : .....

Phone number: (H).....(w).....

3. Medicare Number : .....Medical Fund : .....

4. Please tick if you suffer from any of the following:

- blackouts     sleepwalking     travel sickness     dizzy spells  
 migraine     fits of any type     asthma     heart condition

other (please specify) .....

5. Date of last Tetanus Injection : .....

6. Do you have allergies to :

- penicillin     any foods (please specify): .....

drugs     other (please specify): .....

What special care is recommended ? .....

7. Is there any other health information that the ERC Coordinator should know?

.....

8. Any specific details relating to any of the above? .....

9. Can you swim ? YES / NO    How far ? : 25m    50m    100m    100m+ (please circle)

I authorise the ERC Coordinator, or other staff, in the event of any accident or illness and where it is not possible at the time to obtain my consent, or (if volunteer is under 18 years of age) the consent of a parent/guardian, to obtain any necessary medical assistance or treatment. For this purpose, I authorise the previously listed people to engage any doctors, nursing assistance or hospital facilities or accommodation. I agree to pay all such doctors, nurses or hospital expenses incurred.

Signed: ..... Date: .....

**IMPORTANT**  
**Please read this notice prior to submitting information to**  
**Edmund Rice Camps Townsville.**

Edmund Rice Camps Townsville (ERCT)  
**Volunteer Information Collection Notice**

1. Edmund Rice Camps Townsville collects personal information, including sensitive information about its volunteers. The primary purpose of collecting this information is to enable ERCT to safely conduct activities for children. Information may be required to allow Edmund Rice Camps Townsville to meet some of its legal obligations, to check on the suitability of prospective volunteers for work with children, and to provide care for volunteers while they are engaged in official ERCT activities.
2. Edmund Rice Camps Townsville from time to time may need to disclose personal and sensitive information to others for administrative purposes.
3. If we do not obtain the information requested, you may not be able to be a volunteer with Edmund Rice Camps Townsville.
4. Volunteers may seek access to information collected about them by making a request to the ERCT Coordinator: The Coordinator, PO Box 6149, Townsville, 4810 – Phone: 4726 3263.
5. As Edmund Rice Camps Townsville is reliant upon fund raising for its continuation, information received from volunteers may be used to solicit donations and other forms of support from them. On occasions it uses the resources of the Diocese to support this process and in the course of this, information is made available to those people. We will not disclose your personal information to other third parties for other fundraising purposes without your consent.