



BURN SUPPORT CHARITABLE TRUST

Application to become a MiCamp Volunteer

Applicants Full Name			
Applicants Preferred Name			
Date of Application		Date of Birth	
Phone Number (Landline)		Mobile Number	
Postal Address		Ethnicity	
		Gender	
		Profession	
Email Address			
Your availability for Camp			
<p style="text-align: center;">Camp is usually held in the last 2 weeks of January</p> <p><input type="checkbox"/> I can be available from Monday to Friday for Camp and can/cannot stay overnight.</p> <p><input type="checkbox"/> I can be available for _____ full days and can/cannot stay overnight at Camp.</p> <p><input type="checkbox"/> I can be available for _____ part days but cannot stay overnight at Camp</p>			
Please detail any special requirements you may have and any provisions that will be needed. e.g. Wheelchair access, dietary requirements, etc.			
Why would you like to be a MiCamp Volunteer			



What previous experience do you have working with children?

What can you offer our campers? i.e. any specific interests or talents

Please Provide Two Referees

Name

Designation

Organisation

Phone

Email

Name

Designation

Organisation

Phone

Email

021 863 670

info@burns.org.nz

(09) 270 0640



☐ Tick this box to indicate you have read and signed the job description *(this is available on the website also)*

☐ Tick this box to indicate you consent to a Police check being completed.

Click on the link below and complete the police check application form.

[Criminal Record Check - Third Party request](#)

[How to complete Third Party form](#)

As part of the application process you will need to print the completed criminal record check form and bring it and the required I.D. to an interview with the Burn Support Charitable Trust Board of Trustees.

Please check that you have fully completed this form plus read and signed the MiCamp Volunteer job description form. BOTH of these forms must be enclosed for your application to be complete.

The Board will consider your application and advise you in writing of the outcome.

Applicants Name: *(Print name here)* _____

Applicants Signature: *(Sign here)* _____ **Date:** ____/____/____

To EMAIL APPLICATION: info@burns.org.nz

To POST APPLICATION:
MiCamp Volunteer Application
Burn Support Charitable Trust Inc
P.O Box 97164
Manukau City
Auckland 2241

Thank you for applying, we will be in touch soon.