



**BURN SUPPORT CHARITABLE TRUST**  
**Application to become a Mountain Valley Camp Volunteer**

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



**What previous experience do you have working with children?**

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

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**Please Provide Two Referees**

<b>Name</b>			
<b>Designation</b>		<b>Organisation</b>	
<b>Phone</b>		<b>Email</b>	

<b>Name</b>			
<b>Designation</b>		<b>Organisation</b>	
<b>Phone</b>		<b>Email</b>	



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 Mountain Valley Camp 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](mailto:info@burns.org.nz)

**To POST APPLICATION:**  
**Mountain Valley Camp 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.**