



**BURN SUPPORT CHARITABLE TRUST**  
**Application to become a Burn Support Group**  
**Camp Peer/Volunteer Person**

<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>			
<p><b>Camp is usually held in the last 2 weeks of January</b></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>			
<p><b>Please detail any special requirements you may have and any provisions that will be needed.</b>  <b>e.g. Wheelchair access, dietary requirements, etc.</b></p>			



**Why would you like to be a Burn Support Group Camp Volunteer/Support Person?**

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**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.

**Follow the links below to complete the police check application form.**

**Criminal Record Check – Third Party request** <https://www.justice.govt.nz/criminal-records/get-your-own/>

**How to complete Third Party form** <https://www.justice.govt.nz/criminal-records/get-someone-elses/>

**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 Burn Support Group Camp Volunteer/Support Person 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:** [michele@burns.org.nz](mailto:michele@burns.org.nz)

**To POST APPLICATION:**  
c/- Michele Henry  
Burn Support Group  
P.O Box 97164  
Manukau City  
Auckland 2241

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



## BURN SUPPORT GROUP CHARITABLE TRUST

### Camp Volunteer Position Description

#### Responsibilities:

1. Work alongside Camp Leaders as a strong, responsible and supportive person that is aware of the young Campers needs and requirements.
2. Group supervision of Campers with attention to all of the following: program, health and safety, happiness, discipline, cleanliness, routine duties, character and skill development.
3. Be concerned for the social adjustment of EACH Camper.
4. Help Campers plan, carry out and evaluate projects and activities.
5. Promote Camper participation in ALL activities.
6. Assist Campers with housekeeping chores.
7. Exhibit positive personal habits, health, dress, speech, table etiquette and relationships along with other staff that serve as a beneficial model to Campers.
8. Work with the Burn Support Group Camp facilitator/s and other Camp staff to iron out difficulties with facilities, programs and Campers.
9. Camp is a fun learning experience for all those involved, so bring your smile and happy vibe. 😊



## **Volunteer Rules and Regulations:**

In order to have a safe, healthy Camp that is a good experience for everyone, volunteers will NOT:

1. Use objectionable language.
2. Permit destruction of nature in any form (breaking of branches on live trees, damaging any plant life, carving trees, mistreatment of animals, etc.).
3. Permit vandalism of property in any form.
4. Permit any kind of littering.
5. Engage in or permit excessive “horseplay” or physical “rough-housing” with Campers.
6. Make threats, bullying or engaging in verbal or non verbal put downs of others.
7. Be under the influence of or in possession of any drugs or alcohol.
8. Allow radios, TV’s, boom boxes, etc. to be played when they will distract from the Camp program or the natural setting.
9. Make or permit inconsiderate noise and disturbance in the cabins after “lights out” and before wake up time.
10. Eat snacks or have any special privileges in front of the Campers when the Campers are not allowed to have them.
11. Wear T-shirts, caps or clothing that advertise alcohol, tobacco or anything offensive.
12. Wear bandanas, hats or clothing that would suggest gang symbols or membership.



**Qualifications:**

- ✓ Ability to work as a team member with Burns support Group representatives, other volunteers and staff members.
- ✓ Experience in working with children in a group setting.
- ✓ Responsible, friendly, enthusiastic, patient and willing to learn.
- ✓ Must be 18 years of age.
- ✓ Have no criminal convictions. (Volunteers must agree to a Police check).

***As a Camp volunteer, I agree to fulfill the responsibilities listed above, comply with the rules and regulations listed and meet the following behaviour expectations:***

1. Volunteers are not to leave the Camp within the time frames agreed to without advising facilitators.
2. Volunteers are to maintain the curfew designated by the Camp management.
3. Volunteers will stay with their Campers at all times (day and night) unless otherwise assigned. (If you are missing, the police will be called)

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**Volunteer Name**

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**Volunteer Signature**

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**Date**

***Parent Consent (If volunteer is under 18 years of age at date of Camp commencement)***

I agree to permit my son or daughter to participate as a Camp volunteer under the direction of the Burns Support Group representative/s. I understand that I will be notified by a representative at the time of any violation of these rules and that my son/daughter may be dismissed from counselling at that time.

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**Parent Name**

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**Parent Signature**

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**Date**