

Date application received	Date payment received

Living Church of God¹
New Zealand

Staff Application Form

Personal Information											
Applicant's last name:			First name:			Middle name(s):			Paste recent photo of applicant here		
Address:											
Country:				Postcode:							
Daytime telephone number:				Evening telephone number:							
Email:											
Date of Birth:		dd	mm	yyyy	Sex:		Male	Female			
Occupation:											
T-Shirt men's size (only if needed):		XS	S	M	L	XL	2XL				
T-Shirt ladies size (only if needed)		6	8	10	12	14	16	18	20	22	24
Other Information											
In the event of an emergency notify:											
Phone number in an emergency:			Daytime:				Evening:				
Church congregation:						Pastor's name:					
Could you assist with set-up and early arrival at camp?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		If yes what time could you arrive?				
Have you attended Summer Camp(s) before?			<input type="checkbox"/> Yes		<input type="checkbox"/> No						
Provide location and dates of any Youth Program(s) attended previously:											
Swimming proficiency:			<input type="checkbox"/> Can't Swim		<input type="checkbox"/> Beginner		<input type="checkbox"/> Intermediate		<input type="checkbox"/> Skilled		
Reason For Attending											
Why do you want to be a staff member?											
Applicant's signature						Date					
Fees											
Cost of Living Youth Camp (excluding any transportation to and from the camp) is NZD \$200 for NZ staff and AUD \$160 for Australian staff. There will be no charge for international staff members. Thank you for applying to camp!											
IMPORTANT: Please scan and email <u>all</u> pages of this application form to lycnzcamp@living.org.au by 30th July 2021.											
Please be aware that page 2 needs to be signed and submitted to your Pastor.											



¹ Living Church of God Ltd. (NZ Charity No. CC49669), trading as "Living Church of God", "Living Youth Program" and "Living Youth Camp". PO Box 2767 Shortland Street, Auckland 1140, New Zealand. Phone: 64-9-268-8985

Positions Applying For

Please place a number beside all you are interested in, with #1 being your first choice.

Counsellor Assistant Counsellor Kitchen Janitorial Dining Hall First Aid
Dance Music Media Riflery Orienteering Basketball Ultimate Frisbee
Communication/Team Building Art Kayaking Soccer Other

(Please state) _____

Note any experience, qualifications or awards for the above choices:

Standard of Conduct, Acknowledgement of Risk, and Privacy Release Agreement

Living Church of God Ltd. (NZ Charity No. CC49669) (the "Church"), trading as "Living Youth Program", hosts the Living Youth Camp ("LYC", or the "Camp") at Eltham Christian Camp. By completing and signing this form, you confirm that you have read our Privacy Notice [<https://www.lcg.org/legal/privacy-notice>].

LYC will maintain high standards of conduct and dress, based on God's Laws (as interpreted by the Church). These standards include, but are not limited to: no underage possession or use of alcohol; no tobacco or illegal drugs; no bullying or disorderly conduct; no theft, profanity or sexual misconduct; no destruction of property. Refusal to cooperate fully with the programme staff, and immoderate and revealing clothing is considered inappropriate. A staff member, who does not comply with these standards, or whose conduct or attitude undermines the positive environment and objectives of the Camp, is subject to being dismissed. If a staff member is dismissed, he or she will be sent home at his or her own expense.

I have read, fully understand and agree to comply with all the standards set forth by the staff, and agree to the statement of the above paragraph. I agree with its implications and stated consequences. I further understand that should I violate camp standards and conduct guidelines or endanger the safety or wellbeing of the camp or other staff that I can be sent home at the Camp Director's request and at my own expense.

I believe that I am in good health and can participate in strenuous activities unless noted. I understand that it is recommended that I have my own medical insurance protection. I fully understand and accept that all activities are undertaken at my own risk.

In entering into this Agreement I am not relying on any oral or written representations or statements made by the Church or LYC with respect to the safety of the Activities at Camp.

I agree, authorize and irrevocably consent to, the unlimited use and reproduction of, photos, statements, audio – visual recordings, video and sound bites taken, recorded and collected of me or from me while participating in, or travelling to or from, Living Youth Program, and that such may be used free of charge and without prior approval of the finished version, at the discretion of Living Church of God, or its affiliates including in particular, but without limiting the generality thereof, as part of their marketing, publishing, communication and other related activities or programs whether in print, on web sites and social media (including, without limitation, Facebook) or otherwise. I confirm that I have never been accused of any form of child abuse.

I understand that, for the safety of LYC campers and attendees, the Church and/or LYC will require applicants and volunteers to produce a police clearance certificate or similar.

Applicant's signature:

Date:

Pastor's Recommendation (to be completed by the applicant's pastor)

Pastor's name:

Pastor's telephone number:

Accept applicant this year?

Yes

No

Pastor's email address:

Explain:

Pastor's signature:

Date:

Pastors should if possible, scan & email application form to: lynczcamp@living.org.au; or mail the form to:

**Living Youth Program – NZ, Living Church of God,
PO Box 2767, Shortland Street, Auckland 1140, New Zealand**

Applicants Full Name:

Medical Statement (Applicant to complete)

Medicare number

Expiry Date:/.....

Ambulance Member Yes No Included in Health Fund Yes No Membership No:

Private Health Fund Yes No Fund Name: Membership No:

(A) Do you wear a **medical alert**? Yes No Necklace Bracelet

(B) Do you take any **medication** regularly? Yes No If yes, please give details below

Drug	Dose	Method of Administration
.....
.....

(C) Do you have any **allergies**? Yes No If yes, please give details below

- 1 *Antibiotics
- 2 *Foods
- 3 *Food dyes/colourings
- 4 *Nuts
- 5 *Bandages/Dressings
- 6 Bee, Ant or Wasp sting
- 7 *Animal Hair
- 8 Dust mites
- 9 *Drugs (other than antibiotics)
- 10 *Other

* Extra information

(D) Do you use any **medical aids**? Yes No If yes, please give details below

- 1 Asthma inhaler/pump
- 2 Back Brace
- 3 Dental braces/orthodontics
- 4 *Wheelchair
- 5 Pacemaker (heart)
- 6 CPAP pump
- 7 Incontinence aids
- 8 Insulin pump
- 9 *Other

* Extra information

(E) Do you have any special **dietary** requirements? Yes No If yes, please give details below

- 1 Coeliac (wheat/Gluten free)
- 2 Diabetic
- 3 Low Cholesterol/fat
- 4 Lactose intolerant
- 5 *Other Health (must have doctors letter attached)
- 6 *Specific Food allergies (Nuts, Eggs, dairy etc.)

* Extra information

(F) If you suffer from a **Medical or Physical condition**, please indicate below so that provision can be made for your welfare.

- 1 ADD, ADHD, Autism or Aspergers Syndrome
- 2 Angina
- 3 Arthritis
- 4 Asthma
- 5 Back Problem
- 6 Bleeding disorder
- 7 Blood Pressure
- 8 Bronchitis
- 9 Diabetes
- 10 Epilepsy / Blackouts
- 11 Hay Fever
- 12 Heart Trouble
- 13 Migraine
- 14 Sleep Walking
- 15 Spasticity
- 16 Stroke
- 17 Travel Sickness
- 18 Urinary Problems
- 19 Visual impairment
- Other

(attach details) Extra information

Signature of Applicant: Date:



***** PLEASE PHOTOCOPY THIS MEDICAL STATEMENT FOR YOUR FUTURE REFERENCE *****

Should your Medical or Physical condition change from the information provided, in any way, before departure for the Camp, it is your obligation to advise the Contingent Administration Officer immediately, in writing, of such a change.

MEDICAL AUTHORISATION AND RELEASE

Applicant's Name:		Date of Birth:
Emergency Contact No. 1:	Work Phone:	Mobile Phone:
Emergency Contact No. 2:	Work Phone:	Mobile Phone:

Authorization for and Consent to Health Care Treatment

I (being the above named Applicant)

acknowledge that the activities conducted at the Camp will involve physical tasks which inherently contain risk of injury. I understand that those activities are carried out on a challenge by choice basis, and that I may decline to participate in any one or more activities.

confirm the Medical Statement is a true and complete statement of my health. I do not know of any other physical, mental or emotional problems.

agree to advise Living Youth Camp as soon as possible if I develop any illness or is exposed to any infectious disease before departure to the Camp.

[agree to](#) refrain from attending the Camp to prevent spreading the illness or infectious disease to others.

agree that the medical information may be released to medical personnel where appropriate. I consent to allow LYC, the Church and their staff and/or volunteers to provide health care professionals with any and all information required in order to ensure that I receive appropriate medical assistance.

acknowledge that the activities conducted at the Camp will involve physical tasks which inherently contain risk of injury. I understand that those activities are carried out on a challenge by choice basis, and that I may decline to participate in any one or more activities.

agree that in the event of accident or illness, I authorize an officer, servant, agent or leader of Living Youth Camp to obtain on my behalf, and at my expense, such urgent medical or dental assistance, treatment, nursing, hospital and/or ambulance service as may be considered appropriate by such officer, servant, agent or leader of Living Youth Camp, and (should it be advised by a duly qualified medical practitioner that it is necessary) to authorize a general anaesthetic.

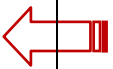
agree to pay on demand to Living Youth Program, all such medical, hospital and other fees and expenses incurred or to be incurred by Living Youth Program in such circumstances other than such fees recoverable under any policy of insurance taken out by Living Youth Program.

for myself, my heirs, executors, agents, assigns, and administrators waive, release and forever discharge Living Church of God and Living Youth Program, their staff, directors, officers, agents, employees, representatives, volunteers, successors, assigns of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during my participation in Camp activities, while at Camp, or while receiving, not receiving or as a result of receiving, medical and/or dental treatment, whether or not damages, injury or loss is due to negligence. Further, this shall not be construed so as to nullify or void any policy of insurance covering injury or loss to the staff member or payments/claims made in respect thereof, including any claims covered by the Church's liability insurance or arising from any negligent acts or omissions by the Church, nor shall the above be construed so as to prevent and/or waive the staff member's entitlement to seek redress or compensation for loss or injury against any party, if so advised, through legal proceedings. I understand that staff members should carry their own adequate health and travel insurance to cover their camp experience.

warrant that I am physically fit and mentally capable of participating in Camp activities.

Applicant's signature:

Date:



PRIVACY ACT

In compliance of the Privacy Act 1993 the following is brought to your attention.

- | | |
|--|--|
| <ul style="list-style-type: none"> a. This application form collects information about you and your minor child. b. The information is collected: - <ul style="list-style-type: none"> i) to decide whether you may be included in the Event detailed above. ii) to make arrangements for your participation and welfare should you be included. c. The information is being collected for Living Youth Program and will be used by the organisers and managers of the Camp event. It will form part of a directory of Camp personnel and Living Church of God membership records and is available to your congregational leader, Pastor and Regional office of Living Church of God. It may be used to inform you about products and services offered or recommended by Living Youth Program, Living Church of God and its affiliates, and opportunities to support their work. | <ul style="list-style-type: none"> d. The information (other than medical information) will be held and stored electronically and used by Living Youth Program and Living Church of God and its affiliates. e. You have rights to, and correction of, this information subject to the provisions of the Privacy Act 1993. f. It is intended the information you provide on the Medical Information Form be used by those responsible for your welfare at the Camp event and access to it is restricted accordingly. It will not be stored electronically and will be destroyed after the Camp event. g. Photographs will be taken at the Camp event and may be used for publicity and marketing of this and future events of Living Youth Program, Living Church of God and its affiliates, or for other purposes as agreed in the "Standard of Conduct, Acknowledgement of Risk, and Privacy Release Agreement" above. <p>The Church and LYC take your privacy seriously. The information you provide on this form will be handled in accordance with our Privacy Notice. For the purposes of the information provided in this form, your data controller is Living Church of God Ltd. (NZ Charity No. CC49669). By completing and signing this form, you confirm that you have read our Privacy Notice (https://www.lcg.org/legal/privacy-notice)</p> |
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Living Church of God

Living Church of God Ltd. (NZ Charity No. CC49669), trading as "Living Church of God" and "Living Youth Program". PO Box 2767
Shortland Street, Auckland 1140, New Zealand. Phone: 64-9-268-8985
lvcncamp@living.org.au, www.lcg.org

Participation Agreement for: Living Youth Program -- New Zealand

* Please return completed form to event leader *

Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE LISTED RELEASEES THAT ARE INVOLVED IN THE EVENT.

Participant Name: _____
and

Living Church of God Ltd. (trading as "Living Church of God" and "Living Youth Program"), and its affiliates, and their respective members, directors, officers, administrators, agents, representatives, employees, volunteers, instructors, guides, other participants and, if applicable any contractors, subcontractors, sponsors or advertisers; (Collectively referred to as the "Releasees")

I acknowledge that the activities forming a part of the above named Event can involve many risks. I am aware, that there can be risks, dangers and hazards associated with the Event and its activities and I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting therefrom.

I hereby waive any and all claims that I have or may have in the future against the Releasees and release the Releasees from any and all liability for any loss, damage, expense or injury including death that I or my kin may suffer as a result of undertaking participation in the activities associated with the Event such as transportation to and from the Event and/or its activities, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory or other duty of care on the part of the Releasees including the failure on the part of the Releasees to safeguard or protect me, and I also agree to hold harmless and indemnify the Releasees from any and all liability for any property damage or personal injury to any third party resulting from my participation in the Event and its activities.

I am aware, and agree, that this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity.

I expressly agree that this release of liability, waiver of claims and assumption of risks and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of New Zealand and that this entire agreement shall be governed by and interpreted solely in accordance with the laws of New Zealand and no other jurisdiction regardless of its choice of law or conflict of law rules; and any litigation involving the parties to this agreement shall be brought solely within, and shall be within the exclusive jurisdiction of the courts located in Auckland, New Zealand.

I agree that this release of liability, waiver of claims and assumption of risks and indemnity agreement is given in consideration of the Releasees allowing me to participate in the Event and its activities and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged.

In entering into this agreement, I certify that I am not relying on any oral or written representations or statements made by the Releasees with respect to the Event and its activities. I agree to abide by any decision reached by any of the Releasees with respect to my conduct and understand that if dismissed or ejected from the Event or its activities I shall have no claim against any of the Releasees related to such dismissal or ejection.

I confirm, that I have carefully read and understood this agreement prior to signing it, and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against the Releasees.

I CERTIFY THAT I HAVE READ AND UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT, INCLUDING, WITHOUT LIMITATION, PROVISIONS REGARDING ASSUMPTION OF RISK, WAIVER OF CLAIMS, RELEASE OF LIABILITY, AND INDEMNIFICATION. BY SIGNING THIS DOCUMENT I AGREE TO WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Applicant's signature:

Date:

