



Diabetes Camps Victoria – 2010 Volunteer Application

Diabetes Camps Victoria (DCV) camping program is a unique experience for campers, parents and volunteers. DCV Volunteers **must be available** for the entire camping experience and training days.

APPLICATIONS CLOSE SEPTEMBER 1ST 2009

Name:					
Address:					
	Town:		Postcode:		
Email Address:					
Date of Birth:		Age:		M/F	
Phone:				Mobile:	
Emergency Contact:					
Relationship:					
Phone:				Mobile:	
Working with Children Check	Yes	No	Number:		

Please number your camp preference from 1 to 5 (1 being your first choice)

Camp	Venue	Dates	Selection (1-5)
Junior Camp Grade 5-7	Anglesea Recreation Camp, Anglesea	Saturday 9 – Thursday 14 January 2010	
Senior Camp Grade 8-9	Mt Buller (meeting place TBC)	17-23 September 2010	
Teenage Camp Grade 10-12	Halls Gap(meeting point for camper is @ RCH)	Saturday 16 – Thursday 21 January 2010	
Autumn Camp Grade 3-4	Arrabri Lodge, Warburton East	Wednesday 7 - Sunday 11 April 2010	
Family Camp – Child with Diabetes ages 4-9	Lady Northcote YMCA	June long weekend 11-14	

Please explain in as much detail as you can, your understanding of type 1 diabetes:

Please circle the following

1.	Are you applying to be a recreational volunteer?	Yes		No		
2.	Would you like to become a Team Mentor	Yes		No		
3.	How many camps have you attended as a volunteer?	1	2	3	4	5
4.	Have you worked with children before?	Yes		No		
5.	If yes, please explain in what capacity you have worked with children					
	If no, please explain your reasons for volunteering for diabetes camps					
6.	Do you hold a current drivers licence?					
	Probationary	Full	Bus	Truck	Other	
7.	Do you have a first aid certificate?	Yes	No	Level:		
8.	Do you have any current swimming certificates?	Yes	No	Level:		
9.	Have you ever skied or snowboarded before?		Yes	No		
	If yes, how would you rate your ability?		Poor	Average	Good	Excellent
10.	Are you trained in Asthma Management?	Yes		No		
11.	Do you have your Anaphylaxis training certificate?	Yes		No		
12.	What is your current occupation?					
	Student	Paid Employment	Retired	Other		
14.	Are you an ambulance subscriber?	Yes		No		

DVC requests that you fill this medical information in to ensure your safety whilst on camp. Please note, this document is confidential and does not inhibit your chances of volunteering

Do you suffer from the following? Please tick:

	Yes	No	Control/Medication Taken
Asthma (<i>Attach plan</i>)			
Coeliac Disease			
Diabetes (specify)			
Epilepsy/Fits			
Heart Condition			
Anaphylaxis (<i>Attach plan</i>)			
Allergies			
Other			

Should you have any queries or require additional information regarding the Diabetes Camps Victoria, please contact the Diabetes Volunteer Coordinator, Rachaele Scarlett on 9667 1732 (tues, wed, thurs) or email: rscarlett@diabetesvic.org.au

PLEASE NOTE THAT APPLICATIONS FOR THESE CAMPS CLOSE SEPTEMBER 1st 2009