



LEADER'S APPLICATION FORM



To be a leader at our Kid's Camps you will need to be 15 years or older. We do however make some exceptions for leaders who are 14 yrs with very good references.

If you are a first time leader or haven't been a leader this year please fill out the reference section as well.

We will let you know by mail if you have been accepted to be a leader. There is NO COST to be a leader or for canteen but there is a \$20 charge for the t-shirt.

To apply you must be able to attend the Leaders Weekend for the camp you are applying for.

Name: _____ Male/Female _____ Date of Birth: __/__/__

Address: _____

Phone: _____ Other: _____ E-mail: _____

Medical Details: _____

Church Attended: _____

Pastor/Youth Pastor: _____ Pastor's Phone: _____

How long have you been attending church? _____

Church involvement: _____

When did you become a Christian? _____

Musical Instrument played: _____

Are you prepared to play your instrument at Camp in the future? _____

Other Camping experience: _____

Why do you want to be a leader at Chosen Valley Camp?

What are your parents/caregivers names? _____

T-shirt size: (please circle) XS S M L XL (these are men's sizes)

Are you prepared to give up a week to minister to children, to give up personal comforts, to be fully involved in bringing kids to Christ and discipling them in this ministry?
YES/NO

I have submitted this information, stating it to be a true and accurate statement of my suitability to be a leader. I have enclosed two completed reference forms and I understand that this information will be held confidential, for the purposes of establishing my suitability for leadership, and that I may request to view, alter or delete this information at any time. This application does not automatically guarantee acceptance for leadership.

Signed: _____ Date __/__/__

Please return completed application form to:

Leader's Applications
Chosen Valley Camp
53 Turner Rd
RD3 Drury
Auckland

Enquiries, please phone Camp Office at 294 8296.

Leader's Application



REFERENCE DECLARATION

Chosen Valley Christian Camp



Please fill this out if you are an Employer/ Pastor/ Family friend. If you are a friend you must have known this person for at least two years.

Applicant's Name: _____

Referee's Name: _____

Chosen Valley Christian Camp holds five-night Kids Camps during the school holidays. They are for children aged 8 to 12. If successful, the applicant will be responsible (with a co-leader) for a group of six children, 24 hours a day.

Your feedback and opinions on the applicant are appreciated, and will help us to ascertain if they are suitable for this leadership role. It also assists us in identifying areas where further training and development may be necessary, so that we can continue to provide the highest quality leadership and supervision for the children in our care.

Capacity in which you know the applicant:(eg. employee) _____

Period of time over which you have known the applicant: _____

Please list any particular strengths you see in this person:

Any involvement in church/Christian programmes:

Why would this person make a good leader?:

Please circle the degree to which you feel each statement applies to the applicant. If you feel unable to comment please leave blank.

	Strongly Agree			Strongly disagree	
1. Has a good understanding of Christian principles and applies these to their own life.	1	2	3	4	5
2. Has integrity	1	2	3	4	5
3. Is able to be placed in positions of trust	1	2	3	4	5
4. Relates well to peers	1	2	3	4	5
5. Relates well to children	1	2	3	4	5
6. Relates and responds well to those in authority.	1	2	3	4	5
7. Is slow to anger	1	2	3	4	5
8. Shows initiative	1	2	3	4	5
9. Is able to share their faith effectively	1	2	3	4	5
10. Is able to relate to all peoples without prejudice.	1	2	3	4	5
11. Is not easily distracted from tasks assigned to them.	1	2	3	4	5
12. Is level headed in a pressure situation.	1	2	3	4	5

Are you aware of any reason why the applicant named above should not be accepted to serve as a leader at Chosen Valley Christian Camp. YES/NO

As the management of Chosen Valley Christian Camp wish to be sure of the continuing suitability of our leaders, we request your permission to contact you, the referee, to discuss any changes to the applicant's placing. The information below is therefore confidential and will be used by camp management for the purposes of contacting you for further reference. You may request to view, change or remove this information at any time.

Referee's name: _____

Postal Address: _____

Contact Phone: _____ (evenings) _____ (daytime)

Referee's Signature: _____

Date: _____



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