

ELIM FESTIVAL CAMP 2014 Thursday 24th July – Saturday 2nd August

Booking Form – VOLUNTEER CATERED

OFFICE USE ONLY:		
Date Received:	/	/
Plot assigned		

Please use a separate Guest catered or self-catering form for any person in your party aged 16 and over not coming as a volunteer

COST PER PERSON: to qualify for early bird discounts payment must be paid in FULL by date shown	Paid in full by 28th Feb 2014	Paid in full by 30th April 2014	Paid in full by 30th June 2014	Pay in cash on Arrival	Nightly Rate	
Adults (18 and over)_	£95	£110	£125	£140	£17	
Junction (16-17)	£80	£95	£110	£125	£15.50	
Rates below apply to your own dependent children only. Any other children you bring with you must pay the full Guest Catered rates, please fill out that form						
Live Set (12-15)	£80	£95	£110	£125	£15.50	
Age 11 and under	free	free	free	£15	£2.50 if booked after 30/6	
If not attending for the full Camp please state arrival date and departure date Total number nights						
I will be bringing (please state number) caravan awning trailer tent tent or sharing with						
Please state size of the unit(s) you will be bringing.....						
Please state if you wish to be sited near one other person or with a church group (we will try but no guarantees).....						
Do you wish to be in Junction Village area (all occupants must be aged 16 or over) Yes / No						
Name	Address with Postcode for lead person	Telephone & Email for lead person /parent if under 18	Church Attended	DOB	Age at 24 July	Cost per person
Electric hook-up is available (numbers limited) at £30 for the event or £4 per night. Add in the relevant amount if required						
TOTAL COST						
If not paying in full at time of booking a non-returnable deposit of £35 per person is required at time of booking. State amount						
BALANCE to be paid by (total cost, less deposit paid at booking)						
I agree to abide by the rules (published on the camp website), Your Signature (parent's signature if under 18) Date / /						
Does any young person named above have any special needs, including behavioural, that we need to be aware of? No..... Yes (please give details overleaf)						
Your Minister must complete this section. I am in support of attending the camp as volunteers. Signature						
Minister's name..... Telephone Email Date / /						

Cheques payable to ELIM FESTIVAL. Send all forms and fees (with a stamped addressed envelope if you want a written acknowledgement- otherwise acknowledgement will be by email) to : Miss Wendy Horton, 12 The Avenue, Wilton, Batley WF17 8JT .

Any queries Contact Wendy on 07725 079634 or elimfestival.bookings@gmail.com

ELIM FESTIVAL CAMP 2014

JOIN THE TEAM!

Name:..... (PLEASE INCLUDE ONE COPY FOR EACH WORKER ON BOOKING FORM)

All volunteers will be expected to work the equivalent of one shift a day, for some jobs this may mean that it is more than once a day for shorter periods of time, or more than one duty to constitute a full shift. ALL VOLUNTEERS must be willing to help when requested with other duties. Volunteer roles come on a first come first served basis and all teams have limited numbers. Late booking may mean you are assigned a role by Festival Leadership.

If you have been asked to do a particular job/role as a volunteer please specify which..... and by whom.....
If not please indicate your **preference** below from 1 (first choice) to 5 (last choice). If you do not wish to be on a team mark an X.

TEAM	Preference	TEAM	Preference	TEAM	Preference
Cookhouse		Cleaners Showers/Toilets		Children and Youth Workers (must have current CRB/DBS) – state which group Team Leader will be consulted to ensure there is still availability on the Team Power Kids age 5-11 Live Set 12-15 Junction 16+	
Pot Wash		First Aider (must hold current certificate and CRB/ DBS) If you do not want to be a First Aider but hold a current certificate and would be willing to be called in an emergency	<div>Please tick</div>		
Meals Server					
Dining Area Cleaner		Stewards/Security (must be 18 or over)		Live Set Village Hosts (must be over 21 and hold current CRB/DBS)	
Cafe Oasis		Reception			
Hub Cleaner		Sports/ Entertainments		Electrician / Electricians Mate (state which)	
Diner		Art Workshop		Plumber	
Refuse Collection		Tuck Shop			

Every year we are very grateful to people who help us set up and clear up camp. Please let us know which dates you will be available

SET UP Saturday 19th July (10am) – Wednesday 23rd July (pm)
CLEAR UP Saturday 2nd August (am/pm)

Coffee breaks and Lunch provided for all the above dates, but must be booked in with Wendy Horton

Please ask your Church CRB/ DBS co-ordinator to sign verifying they have seen yours

Co-ordinators Name..... Signature..... Date..... Contact Tel

Do you have a police enquiry or prosecution pending? No..... Yes..... (you will be contacted by a member of the Leadership Team)

I declare that the information given in this form is true and accurate. Signed..... Date

This information is strictly confidential. **Please use BLOCK CAPITALS.** It is a condition of acceptance that this form is completed in full.

Full name of child **Date of Birth**...../...../..... (DD/MM/YYYY)

Address.....

Postcode.....

Name of Parent/Carer.....

Tel no: Day..... **Evening**..... **Mobile**.....

Contact Address (if different from above).....

Alternative emergency contact name (this must not be someone who is attending camp)

Tel no: Day..... **Evening**..... **Mobile**.....

Name of GP..... **Tel No**.....

GPs address.....

NHS no..... **Date of last Anti-tetanus injection**.....

Details of any medical problem (e.g. allergies, asthma, epilepsy, diabetes, heart disease, bedwetting etc?) or disabilities which may affect normal activity:

.....

Details of any emotional, mental health problems, learning or behavioural difficulties – please provide a full disclosure as certain conditions may make Camp an unsuitable place for the welfare of your child:

.....

.....

Details of any medication required during camp (all medication to be labelled correctly and clearly with name and dose needed each day)

.....

WARNING: When applying for camp please ensure that you fully disclose the above information so that we can make an informed decision concerning the suitability of camp for your child. Failure to do so could cause unnecessary distress to your child and result in them having to be collected from camp. If you have any concerns please call us.

Please note, all medication required must be brought to camp, e.g. Nebulisers, inhalers, tablets, creams etc.

Details of any allergies or medically prescribed dietary requirements

Is your child suffering from or have they suffered from any infectious disease in the last 12 months? Yes / No.

If yes, please give details

Authorisation for Medical Consent on site

I give consent for general 'over the counter' medication, i.e. Calpol, Paracetamol, Cough Mixture etc.

Signed.....Parent / Guardian Date.....

Authorisation for Medical Consent

In the event of you being unable to contact me, I agree to any medical treatment and dental treatment being given to my child if required, including the administration of a general anaesthetic and to surgical operation/s, in accordance with the recommendations of a qualified medical practitioner.

Signed Parent / Guardian Date...../...../20.....

Authorisation to leave site without supervision (only applies to 16 – 17 year olds)

Signed Parent / Guardian Date...../...../20.....

NB: Any changes to this form must be notified to the Administrator before Camp commences.

Elim Festival 2014 – Medical Information - Adults

This information is strictly confidential. **Please use BLOCK CAPITALS.** It is a condition of acceptance that this form is completed in full.

Full name..... **Date of Birth**...../...../..... (DD/MM/YYYY)

Address.....

Postcode.....

Mobile Tel no whilst at Camp.....

Emergency contact name (this must not be someone who is attending camp)

Tel no: Day..... **Evening**..... **Mobile**.....

Name of GP..... **Tel No**.....

GPs address.....

Details of any medical problem (e.g. allergies, asthma, epilepsy, diabetes, heart disease etc?) or disabilities which may affect normal activity:.....

Details of any medication that you will be taking during camp
.....

NB: Any changes to this form must be notified to the Administrator before Camp commences.

Please note: The reason we ask for this information is purely in case of an emergency situation wherein medical staff need to be informed of your medical condition and any medication you're taking. This information will only be shared in an emergency situation. (If you wish you may put it in a sealed A5 envelope with your name clearly written on the outside and this will be handed to paramedics as required or can be collected at the end of camp.)

If you are unwilling to disclose your medical information then please sign below:

I am unwilling to disclose my medical information and therein will not hold the Elim Festival responsible should a medical emergency occur.

Signed: **Date:**