

BUDDY APPLICATION FORM



PERSONAL DETAILS

Surname	First Name		
Preferred name	WWCC Card Number		
Date of Birth	Sex	Male	Female
Home Address			
Suburb	State	Postcode	
Phone	Email		
Employment			
Languages Spoken			

EMERGENCY CONTACT

Surname	First Name	
Home Address		
Suburb	State	Postcode
Phone	Email	
Relationship to buddy		

MEDICAL HISTORY

Name of GP	Medicare Number	
Address		
Suburb	State	Postcode
Phone Number	Last tetanus shot	
Details of COVID-19 Vaccination.		

PERSONAL REFERENCE (must be non-family member)

Surname	First Name
Relationship to Buddy	Phone Number

BUDDY QUESTIONNAIRE

MEDICAL / HEALTH CONDITIONS	Do you have any health conditions		If yes, please specify:	
	Yes	No		

MEDICATION	Do you take regular medication		If yes, please specify:	
	Yes	No		

ALLERGIES	Do you have any known allergies		If yes, please specify:	
	Yes	No		

EXPERIENCE	Have you previously been a buddy at Camp Opportunity		If no, how did you hear about us?	
	Yes	No		

CAMP ACTIVITIES	Are you able to participate in all Camp activities.		If no, please specify which ones.	
	Yes	No		

DIETARY REQUIREMENTS / RESTRICTIONS	Do you have any dietary requirements or restrictions		If yes, please specify.	
	Yes	No		

FIRST AID / POOL LIFEGUARD CERTIFICATE	Do you have current first aid certificate?		Do you have current pool lifeguard certificate?	
	Yes	No	Yes	No

I certify the following:

- All statements and information given on this form are true and correct to the best of my knowledge.
- I have never been charged or convicted of a criminal offence against a vulnerable person.
- I give my full permission for any of the people I have listed on this Form to be contacted by an authorised Rotary Officer to confirm my suitability as a Youth Volunteer.
- I certify that I have contacted my referees and all are happy for Rotary to contact them.
- I agree to abide unreservedly by the decision of the District's Rotary club reviewing my applications to my suitability as a Youth Volunteer.

In consideration of my acceptance and participation in the youth programs, I, to the full extent permitted by law, hereby release and agree to save, hold harmless, and indemnify all members, officers, directors, committee members, and employees of the participating Rotary clubs and districts and of Rotary International, from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of the negligence of any of the indemnities or may be suffered or claimed by me as a result of any investigation of my background in connection with this declaration. If, as a result of my participation in any Rotary youth program, any allegation of impropriety is made against me, I acknowledge that information regarding such allegation will be released to the relevant authorities and to Rotary District's insurer.

I have read and understood the above declaration and sign this form voluntarily.

Signature : _____

Date: _____

Name: _____

CAMP OPPORTUNITY 2025 CONDITIONS:

- No alcohol or drugs (other than prescription) are permitted at Camp Opportunity
- No smoking is permitted on Camp Opportunity grounds
- Disrespectful behaviour will not be tolerated on camp
- Successful nominees will be advised directly by the Rotary District 9423 Camp Opportunity committee
- Buddies are responsible for transport to and from the camp.
- All attendees must be in compliance with the current State Government COVID-19 vaccination requirements or hold a lawful exemption valid for the end date of our camp (20/01/2024).
Failure to comply with these requirements will result in ineligibility to attend camp.

DISCLAIMER

- Our Committee and Buddies are all volunteers who give their time freely to assist the campers and all activities and procedures at Camp Opportunity are examined for risk management implications.
- I acknowledge that I attend Camp Opportunity 2024 entirely at my own risk and agree that neither Rotary International nor any servant or agent of Rotary International (including any voluntary worker carrying out honorary duties or unpaid duties for Rotary International) shall in any circumstances whatsoever be under any liability to the applicant for any loss, damage or injury of whatever kind arising directly or indirectly from any act or default (whether negligent or otherwise) on the part of Rotary International or such servant or agent while acting in the course of or in connection with their employment or provision of services to or for Rotary International.
- I authorise Rotary District 9423 Camp Opportunity nurse/organisers to provide emergency medical care at my cost if not sufficient time to contact the nominated contact person.
- I authorise and agree to Rotary District 9423 using any photographs or any other material relating to me in any advertising or other marketing material used by Rotary for the purpose of promoting Camp Opportunity in the future
- I agree that I will not place any photograph of or other material relating to any person who attended Camp Opportunity on Facebook or Twitter or any other electronic media or on or in any hard copy media for business or personal reasons unless and until you have the written authority of the person who appears in the photograph or material and the Rotary District 9423 Camp Opportunity Committee.
- I agree that I will not otherwise make any photograph or other material relating to any person who attended Camp Opportunity available to be seen by the general public by any means unless and until I have the written authority of the person who appears in the photograph or material and the Rotary District 9423 Camp Opportunity Committee.

Signature : _____

Date: _____

Name: _____