

NOMINATION FORM – BUDDY

Please
attach
photo

PERSONAL DETAILS

Surname: _____ First Name: _____
 Preferred Name: _____
 Date of Birth: _____ Sex: _____ MALE / FEMALE
 Home Address: _____
 Suburb: _____ State: _____ Post Code : _____
 Current Employment/Study: _____
 Interests/Hobbies: _____

MEDICAL HISTORY

Please list any medical/health conditions:

Please list any regular medication taken

Known Allergies (*list any know allergies eg insect bites, nuts, sticking plaster*)

Doctor's Name: _____ Phone No: _____
 Address: _____
 Medicare No: _____
 Approx Date of last Tetanus Injection: _____

EMERGENCY CONTACT PERSON

Surname: _____ First Name: _____
 Relationship: _____
 Phone (H): _____ Phone (W): _____
 Mobile: _____

APPLICANT ASSESSMENT QUESTIONNAIRE (Please answer all questions)

Have you been a buddy at a previous Rotary Handicamp or been involved in other related camps?	YES / NO	<i>If YES – please provide details</i>
Have you previously worked as a carer for a person with a disability or impairment?	YES / NO	<i>If YES – please provide details</i>
Do you have any dietary restrictions or requirements?	YES / NO	<i>If YES – please provide details</i>
Do you hold a current First Aid Certificate	YES / NO	
What is your swimming ability	<input type="checkbox"/> Can't Swim <input type="checkbox"/> Poor Swimmer <input type="checkbox"/> Fair Swimmer <input type="checkbox"/> Good Swimmer	
Are you able to attend camp for the entire period and be willing to participate on all Handicamp 2018 activities?	YES / NO	

Handicamp 2018 Conditions:

- No alcohol or drugs (other than prescription) are permitted at Handicamp
- No smoking is permitted at Handicamp
- The use of bad language will not be tolerated on camp
- Successful nominees will be provided with registration and general details directly from the Rotary District 9465 Handicamp committee
- It is the Buddy's responsibility to arrange transport to and from the camp

DISCLAIMER

Our Committee and Buddies are all volunteers who give their time freely to assist the campers.

All activities and procedures at Handicamp are examined for risk management implications.

I acknowledge that I attend Handicamp 2018 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 9465 Handicamp 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 9465 using any photographs or any other material relating to the camper in any advertising or other marketing material used by Rotary for the purpose of promoting Handicamp in the future.

I agree that you will not place any photograph of or other material relating to any person who attended Handicamp 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 9465 Handicamp Committee.

I agree that you will not otherwise make any photograph or other material relating to any person who attended Handicamp available to be seen by the general public by any means unless and until you have the written authority of the person who appears in the photograph or material **and** the Rotary District 9465 Handicamp Committee.

Signed: _____ Date: _____

Name: _____

☐ I do not wish to receive information about other Rotary programs

SPONSORING ROTARY CLUB

Rotary Club of _____

Has enclosed a cheque for payment YES / NO Amount: \$ _____

Club Contact: _____

Phone: _____ Email: _____

PLEASE RETURN THIS FORM WITH PAYMENT TO:

Rotary D9465 Handicamp Committee
PO Box 1339
EAST VICTORIA PARK WA 6981
Or email: handicamp@rotary9465.org.au

Committee Use Only

Form Received _____ Payment: YES / NO Application Accepted: YES / NO

Applicant Notified (Date): _____ Club Notified (Date): _____