



Application Form
RETURNING TENT LEADER
2013



Application for: <small>(please delete or highlight as appropriate)</small>	Camp Week 1 Sunday 11 th August – Friday 16 th August 2013	Camp Week 2 Sunday 18 th August – Friday 23 rd August 2013
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Full Name:			
I like to be known as:			
Date of Birth:			
Address (incl. postcode):			Month and Year you moved to this address:
Home telephone number:			
Mobile telephone number:			
Email address:			
Name and email address of church or youth leader who we can contact for a reference: <small>(please ensure you ask permission before passing on their details)</small>			
Specific Dietary Requirements:			

Payment: <small>(please delete or highlight as appropriate)</small>	I enclose a deposit of £10 per week	I enclose full fees of £40 per week	
Counselling children: <small>(please delete or highlight as appropriate)</small>	I would love to be involved	I will help out if needed	I would prefer not to be involved

I am not aware of any issues in my life that would conflict with my responsibility to be a good example of Christian discipleship to the children in my care at Camp.

Signature..... Date

Parent's Signature if under 18..... Date.....

Police vetting is required for all Volunteers. This position is exempt from the provisions of the 'Rehabilitation of Offenders Act 1974'. Somerset Christian Camps will not accept known abusers in any position at Camp. A criminal record will not necessarily be a bar to acceptance as a Volunteer.

Please return this form to: **Mark and Rebecca Wood, 19 Draycott Avenue, Taunton, Somerset. TA2 7QG.**
 Telephone: 07743 855251 Email: info@somersetcamps.org.uk
 Please make cheques payable to: Somerset Christian Camps.