

'Life Gets Better' Camp

'Life Gets Better' Camps were founded in the year 2000 by Captain Eric Wieckmann (2005 Casey Citizen of the Year). The camps are now run by C.H.I.P.S.

These are not counselling camps, but encouragement camps! The children get to see they are not alone in their troubles and that others who have gone through the same problems have found a way for 'Life to Get Better'. They will make new friends who have gone through similar experiences.

The campsites we use are fully catered and have fantastic facilities. The children are entertained during session times with tricks, games and puppets!

Parents or Guardians are welcome to attend the camp with any child who has gone through the traumas of divorce, death or abuse. The parents who attend camp will meet other parents who have gone through similar things and they will also learn that 'no season lasts forever-even if it feels like it!'

The camps are a time of joy and refreshment in a loving Christian environment. Costs are minimal due to the generous sponsorship of the campsite, staff and volunteers.

All staff and volunteers are trained and have a current "Working With Children Check" (as required by the Dept. of Justice-Victoria).

All work is done in groups. Children are at no time by themselves.

Camp Details

Where: Phillip Island Adventure Resort, 1775 Phillip Island Road Cowes 3922

Time: 22nd May meet @ 4:45pm @ The Winepress 40 Intrepid Street, Berwick for 6:00pm departure.

Pick up from The Winepress 24th May @ 4:00pm

What You Need To Bring:

As you know Melbourne's weather can vary so a variety of clothes and summer beachwear will be needed. Please ensure all items are named.

You will need:

- ✓ Comfortable Clothing (for warm & cold weather)
- ✓ Sleeping Bag or Bed Linen
- ✓ Bath Towel
- ✓ Runners/Boots
- ✓ A Smile!
- ✓ Swimmers and a Towel
- ✓ Toiletries (toothbrush, sunscreen etc)
- ✓ Hat (to keep the sun off)

What You Can't Bring:

- ✗ Matches or Lighters
- ✗ Alcohol / Non-prescription drugs
- ✗ Granny's Underwear!

A few weeks after camp we will meet together for a reunion (Camp Link). This is a great time full of fun activities where the children can catch up with their buddies and friends they have made on the camp.

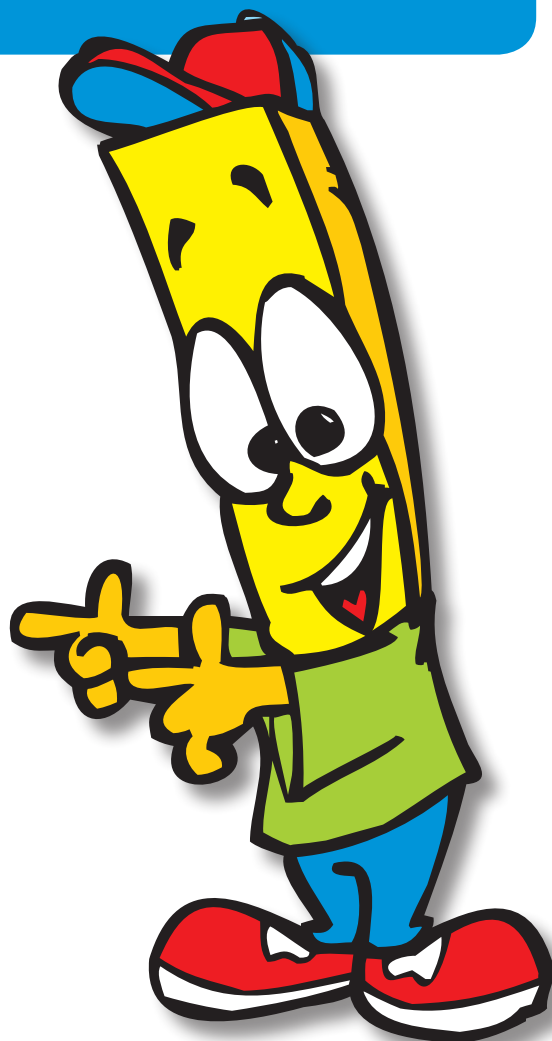
Please keep this date free - it would be great to see you there!

Camp Link

Where: The Winepress, 40 Intrepid Street, Berwick

Date: Saturday 13th June

Time: 10:00am - 12:00noon



Buddy Application Form

First Name: **Surname:**
Date of Birth: Male Female

Marrital Status: Married Divorced Separated Single Widowed

Residential Address: Postcode:

Home Phone: Business Phone:

Mobile: E-mail:

Preferred method of communication: Home Phone Mobile Email

Occupation:

Emergency Contact (whilst on camp):

Phone: Mobile:

Transportation to camp: Camp Bus Own Transport

Do you have certification in any of the following?

Nursing CPR First Aid Life Guard

Do you have previous training or background in dealing with children? Yes No

If yes, please clarify:
.....
.....

Have you ever attended another children's camp? Yes No

If yes, please clarify which camp and year:

Which of the following areas are you looking to be involved in with

C.H.I.P.S. (please tick)

- Pre Camp Preparation:** publicity, organisation of materials, prayer support
- Camp Staff Position:** Grandma, Grandpa, photographer, art/craft, nurse, musician, games/gofer
- Camp Children's Buddy:** responsible for one or two children for the duration of camp.

If you are applying to be a children's buddy, what age child would you like to be with (if possible)?

- 7 year olds 8 year olds 9 year olds 10 year olds
- 11 year olds Any age

Could you lead a 15 minute devotion with your camper/s with material we provide? Yes No

Describe why you would like to be involved with a Life Gets Better Camp.

.....
.....
.....



Personal References: (Please fill out if you are a **first time applicant** - do not include relatives)

1. Name:
Address: Phone:

2. Name:
Address: Phone:

3. Name:
Address: Phone:

Please attach a letter of recommendation from your pastor, employer, teacher etc. commenting on your suitability to attend a camp of this type.

Personal Profile

Have you committed your life to Jesus Christ? Yes No If yes, when?.....

What church do you currently attend?.....

Pastor's name:..... Ph:.....

Are you in a cell group or home group of any kind? Yes No

If yes, group leader's name and phone number:

Are you involved in any other church or para-church ministries?

Briefly describe your personality:

Do you have a current "Working With Children Check"? Yes No If yes, please attach a photocopy.

*(The "Working With Children Check" replaces the old police check requirements and is **compulsory** for all LGB camp buddies. The check lasts for five years and is free for volunteers. Application forms are available through C.H.I.P.S or your local post office).*

Have you ever taken drugs not prescribed? Yes No

If yes, please clarify:

Have you ever been accused of sexual harassment or molestation? Yes No

Have you ever had a restraining order placed against you? Yes No

Please provide any details to the above:

I would like to discuss the above personally Yes No

Please note: All information is strictly confidential and any information given will not automatically rule out any applicant.

CAN YOU HELP SPONSOR A CHILD?

A \$125 tax deductible donation will cover the cost for a child to attend the Life Gets Better Camp.

Payment Details

- I enclose a cheque/money order (made payable to CHIPS for \$125) \$.....
 - I will donate \$125 directly into the CHIPS bank account \$.....
(bank: Bendigo Bank BSB: 633 000 Account No: 1300 52194 Ref: Use your full name)
 - I would like to buy a soft toy for a child on camp (\$10) \$.....
- TOTAL** \$.....

Please finalise payment two weeks prior to camp

Medical History (this section is required to ensure that C.H.I.P.S is aware of any medical condition/injury you have that may affect you whilst on camp.)

Medicare Number: Your position on card:
Health Fund Name: Membership No:
Health Care Card/Pension No: Ambulance Membership No:
Doctor's Name: Phone:

Do you have any medical problems? Yes No If yes, please specify:
Please list any medication that you are currently taking:

(Please Note: No medication/s can be left in the cabins. For safety reasons they are either to be given to the camp nurse, or locked in a vehicle)

Have you had any serious injuries over the past three years? Yes No
If yes, please specify:

Are you allergic to any medication? Yes No
If yes, please specify:

Are you allergic to anything? Yes No
If yes, please specify:

Do you have special dietary requirements? Yes No
If yes, please specify:

By signing my name, I hereby signify the above information is true and correct to the best of my knowledge and I agree to the conditions of the application process.

Signature: Date:.....
Print Name:

Note: This form is an application only. Suitable applicants will be informed of their acceptance when all application criteria have been met. The Director and / or board of C.H.I.P.S reserves the right to decline an application at any stage of the application process, if an applicant is considered to be unsuitable. (Acceptance will also be determined by the gender and ages of the children booked to attend the camp).

Consent and Authorisation

In the case of an emergency, I am aware that the C.H.I.P.S leaders or designated helpers will:

- Advise the emergency contact listed above.
- Seek medical attention or assistance for me, at the nearest or most convenient medical/emergency facility.
- Arrange transport for me if required (this may require transport by ambulance).

Whilst C.H.I.P.S and its leaders will take all reasonable care to secure my safety, I understand that neither C.H.I.P.S, 'Life Gets Better' leaders, nor designated helpers, will be held responsible for any injuries incurred to me, as a result of camp activities. C.H.I.P.S and 'Life Gets Better' leaders and helpers will not be held responsible for any costs incurred in securing medical treatment for me; including medical assistance, treatment, ambulance, etc.

I hereby state that I wish to attend the 'Life Gets Better' Camp, and agree that all staff and volunteers cannot be held liable for any accident or injuries that may occur during the duration of the camp; which includes travel to and returning from the camp.

I, the undersigned, have read the authorisation and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature:.....
Print Name Date/...../.....

The information on this form will be held by the C.H.I.P.S leaders. This information may be disclosed to private medical or para-medical staff or other relevant officers, in the event of an accident or emergency. Please note: All buddies/volunteers will be checked and treated (if necessary) for head lice at no charge. C.H.I.P.S reserves the right to use any photos or video's taken on the 'Life Gets Better' camp for promotional purposes.



Please complete and return to:
C.H.I.P.S
P O Box 291
Narre Warren, Vic 3805
Ph: 9702 5528
email: enquiries@chips.org.au

chips
christians helping in primary schools