



Application Form for ALL Leaders 2019

Please return as soon as possible even if you are unsure of your availability to attend.

This Information is Strictly Confidential. Please Return Completed Form as soon as possible.
Please answer ALL questions on pages 1 - 3.

▶ Name: _____

▶ Address: _____

▶ Telephone No: _____

▶ Email _____

Please tick your age group:

15- 17 [] Date of Birth: _____

18 - 21 []

over 21 []

▶ Which Camp are you applying for ? (Please tick)

Junior Camp

6 - 11 year olds

Drewstown House

Sunday, 28th July - Friday, 2nd

August 2019

Senior Camp

11 - 14 year olds

Drewstown House

Sunday 4th - Saturday , 10th

August 2019

▶ Cost: € 100 for two Camps / € 60 for one Camp

Don't let the cost put you off- if this is difficult please contact one of the CCYM team at 086 232 8835

▶ Which areas are you willing to work in at Summer Camp? (Please tick)
If Other (Please list)

Directly with children

Medical / First Aid

In dining room / kitchen

On prayer team

Crafts

Sports / options

Other areas please outline : _____

▶ New legislation is now in place which means Garda /police vetting will become mandatory from this summer. This means **all** CCYM volunteers aged 18 and over need to fill out and return the Garda Vetting forms issued by CCYM **even if you have been Garda vetted for work in another agency**

▶ *I declare that there is no reason why I would be unsuitable to work with young people in Chrysalis Summer Camps. I have no criminal conviction relating to offences against children or adults: (if you wish to talk to the CCYM Team in confidence contact details are on page 3).*

SIGNED: _____ **DATED:** _____

If you are under 18 your parent or guardian needs to sign the declaration below.

I give my permission for the above to attend CCYM as a volunteer.

SIGNED (Parent/Guardian): _____ **DATED:** _____



▶ Answering YES to any of the following questions does not necessarily disqualify you from being a leader but it will help us to help you find your place in the CCYM Team this year.

- Do you smoke?
- Have you ever been questioned by the Gardai/Police?
- Have you ever been through counselling?
- Have you ever taken illegal drugs?

YES		NO	
YES		NO	
YES		NO	
YES		NO	

If you answered 'yes to any of the above questions please outline when this happened (i.e. in the last three months, in the last year, over a year ago) and the circumstances involved:

▶ Are you currently on medication? Yes No
Please outline:

▶ Please outline any additional information you would like to give including any health issues - if you do come to camp as a Leader we want to ensure your safety & comfort as well as the children! Could your health issues impact on your work in CCYM summer camps?

▶ Chrysalis Summer Camps are Christian camps for children and leaders from all different backgrounds. Tell us about your current relationship with Jesus and how you met Him.

▶ In CCYM we ask our volunteers to be aware of the impact of their work with children during and after the summer camps. For this reason we ask leaders to be careful about what they put up on Facebook or any other Social Media outlet in order to protect the children who attend CCYM. Contact with children can be maintained through the CCYM Facebook and Website.

I agree to this CCYM rule: Yes No

▶ Please outline any previous experience of working with children or teenagers:

▶ Why do you want to come to work with CCYM this year?

▶ I confirm that all of the above information I have given on this form is accurate.

SIGNED: _____

DATED: _____



REFERENCES & REFEREES

In order to fulfil the CCYM Child Protection Policy we ask **all** leaders to submit the names and contact details of 2 referees.

For Junior Leaders we ask that one of the references is from your school, college or training centre where possible, and we enclose a reference form for you to give to a Principal or teacher before the end of term with a stamped addressed envelope so they can return the reference directly to CCYM. Your second reference request form will be sent directly to the second named referee as listed below.

If you are struggling to get 2 references please contact us on Facebook (Private Message) or the CCYM mobile phone 086 232 8835 or email www.ccyweb.com

CCYM accept references from a wide range of sources including churches, youth groups, sporting groups, employers, community leaders etc. References from relatives are not normally accepted.

- ▶ **Please give the name of two people in leadership that you are asking for a reference. Please don't use anyone from the CCYM leadership team (unless you work with them outside CCYM)**
Please give exact addresses and telephone numbers & email addresses.

▶ ○ Name: _____	▶ ○ Name: _____
○ Address: _____	○ Address: _____
_____	_____
○ Telephone No. _____	○ Telephone No. _____
○ Position: _____	○ Position: _____
○ EMAIL: _____	○ EMAIL: _____

I agree to abide by the Principles of Leadership as outlined in the Leader's Contract and the CCYM Child Protection Policy, if I am accepted as a leader at Camp.
I also confirm that all of the above information I have given on the form is accurate.

○ **SIGNED:** _____

○ **DATED:** _____

Thank you for completing this Application Form. Please return it as soon as possible.



www.facebook.com/ccymireland

www.ccyweb.com

CCYM Contact Number: 086 232 8835