



Pathfinders Camp

## PATHFINDERS CAMP (WOODLARKS)

### APPLICATION FORM

### VOLUNTEER HELPER (NEW)

Office Use only  
Date received:

Please attach a passport style photo

In order to run Pathfinders Camp safely and successfully, it is important that we know a bit about you and your interests, including information about any condition or disability you may have.

**PLEASE ANSWER ALL THE QUESTIONS & PLEASE DO NOT LEAVE ANY SECTIONS BLANK**

**PLEASE ENSURE YOU SIGN THE COVID REQUIREMENTS PAGE AND THE DECLARATION ON THE LAST PAGE.**

The full cost for this year's camp is **£160**. We will request payment once your place has been confirmed.

**PLEASE DO NOT SEND ANY PAYMENT WITH THIS FORM.**

#### YOUR DETAILS

**THIS INFORMATION WILL BE USED BY THE LEADERSHIP TEAM FOR PLANNING AND WILL BE SHARED WITH THE HEALTH TEAM. IN THE EVENT OF A HEALTH ISSUE OR EMERGENCY WHILST ON CAMP THIS MAY BE SHARED WITH MEDICAL PROFESSIONALS**

Name			Known as	
Date of Birth			Preferred pronouns	
Do you want your pronouns on your name badge? (delete as appropriate)				<b>YES NO</b>
Address				
Postcode		Tel No		
Email address				
Usual Occupation				
Are you coming to camp with a friend or family member?	<b>YES NO</b>	If yes, would you like to be in the same group?	<b>YES NO</b>	
Are you coming to camp with a disabled participant?	<b>YES NO</b>	If yes, will you be their helper for the week?	<b>YES NO</b>	
If yes, are you able to see to all of their support needs?				<b>YES NO</b>
Are you coming to Pathfinders Camp to work towards an award?			<b>YES NO</b>	
If yes, what award are you working towards? <i>(for instance DofE Gold, Kings' Scout, Kings' Guide award)</i>				
How did you hear about Pathfinders?	D of E website		From a friend	Another camp at Woodlarks
	Other <i>(please detail)</i>			

#### EMERGENCY CONTACT DETAILS

Name			Relationship to applicant	
Contact Details	Daytime		Evening	
Address				

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<b>NAME:</b>	
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***(continued)* DIETARY INFORMATION**

**THIS INFORMATION WILL BE SHARED WITH THE KITCHEN CREW & HEALTH TEAM**

Other dietary information:

<b>NAME:</b>	
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**MEDICAL DETAILS**

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<b>YOUR NHS NUMBER:</b>		MANDATORY INFORMATION – THIS CAN BE FOUND ON YOUR PRESCRIPTIONS, THE NHS APP OR FROM YOUR DR.
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**YOUR DOCTOR'S DETAILS**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Approx weight		st/kg	<i>We need this when matching helpers to campers to ensure we allocate appropriate support and for some of the activities we provide to ensure safe participation</i>
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Do you consider yourself to have a disability?	<b>YES NO</b>	If yes, do you need any help?	<b>YES NO</b>
<i>If yes, please detail what assistance you need?</i>			

Do you have any medical conditions?	<b>YES NO</b>	(if Yes, please provide details)
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Is there any reason that prevents you from lifting?	<b>YES NO</b>	(if Yes, please detail)
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Are you diabetic?	<b>YES NO</b>	If Yes, is this controlled with Insulin?	<b>YES NO</b>
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Do you take <b>any</b> medication?	<b>YES NO</b>	<i>Please complete details on medications page for ALL medications (even if temporary medication). We are happy for you to keep hold of your own medication / self-administer but need the information in case of an emergency.</i>
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Do you have (or have you ever had) any fits / seizures / drop episodes / absences / panic attacks?	<b>YES NO</b>
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*If yes, please detail*

What are they like	_____
How are they managed	_____

NAME:	
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**(continued) MEDICAL DETAILS**

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Do you have any non-food allergies?	<b>YES NO</b>	(if Yes, please detail)
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<b>WHAT</b>	<b>HOW</b> ( <i>airborne, ingestion, skin contact</i> )	<b>SEVERITY</b>	<b>TREATMENT</b>

**SUPPORT NEEDS**

*Please use this space for any other medical & mental health wellbeing information we may need to be aware of*

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<b>NAME:</b>	
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**OTHER INFORMATION**

**THIS INFORMATION IS USED FOR PLANNING PURPOSES SUCH AS ACTIVITY AND TEAM GROUPING**

**MOBILITY**

Do you use any mobility aids?	<b>YES NO</b>						
<i>Select all you will be bringing to camp with you</i>	<table border="1"> <tr> <td>WALKING STICK</td> <td>WHEELCHAIR ELECTRIC      MANUAL</td> <td>SCOOTER</td> </tr> <tr> <td>OTHER (please detail)</td> <td colspan="2"></td> </tr> </table>	WALKING STICK	WHEELCHAIR ELECTRIC      MANUAL	SCOOTER	OTHER (please detail)		
	WALKING STICK	WHEELCHAIR ELECTRIC      MANUAL	SCOOTER				
OTHER (please detail)							

**CAMPING EXPERIENCE**

Have you camped before?	NEVER	SOMETIMES	OFTEN	I HAVE CAMPED AT WOODLARKS
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**SWIMMING**

Can you swim?	NO	YES - INDEPENDENTLY	YES – WITH HELP
	STRONG SWIMMER	LIFE-GUARD*	LIFE-SAVER*
Name of Qualification*			
Date of Qualification		Date of Expiry	

**\*Please enclose a copy of your certificate**

**FIRST AID**

Are you 1 <sup>st</sup> Aid qualified? (including Mental Health 1 <sup>st</sup> Aid )	<b>YES NO</b>	(if Yes, please detail)
Name of Qualification*		
Date of Qualification		Date of Expiry
Name of Qualification*		
Date of Qualification		Date of Expiry

**\*Please enclose a copy of your certificate(s)**

**HOBBIES & INTERESTS**

What are your main hobbies and interests?	
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Do you play an instrument and would you be willing to bring it to camp? (We have a daily music group)	<b>YES NO</b>	(if Yes, please detail)
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Is there anyone you would like to be in the same group as? (we cannot guarantee this but will try, where possible, to group you together).
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<b>NAME:</b>	
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**(continued) OTHER INFORMATION**

**THIS INFORMATION IS USED FOR PLANNING PURPOSES SUCH AS ACTIVITY AND TEAM GROUPING**

**ASSISTANCE DOGS.** *We have, at times, participants who have assistance dogs that accompany them to camp.*

Would you be comfortable being in the same team as someone with an assistance dog?	<b>YES NO</b>
If you are in the same team, you may be sleeping in the same tent as the assistance dog (the dog would be in a cage for sleeping), are you comfortable with this?	<b>YES NO</b>

**TRANSPORT**

Will you be bringing a car to camp?	<b>YES NO</b>	Registration No	
Will your car be remaining at camp for the duration of camp?			<b>YES NO</b>
Will you need a lift from Farnham bus or train station?	<b>YES NO</b>		<b>BUS TRAIN</b>
What time, on SUNDAY (before 10 am) do you expect to arrive at camp			

*We ask all helpers to be on camp before 10am on Sunday to ensure we can hold relevant training sessions prior to the arrival of our disabled participants.*

*Please speak to Sam if you need to discuss alternative arrival / departure times from camp.*

**ANYTHING ELSE?**

Is there anything else you want to share with us?  
*(for instance, do you have any other skills / qualifications you can bring to camp?)*

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NAME:

**SHARED INFORMATION**

To let everyone get the most out of their week with us at Pathfinders Camp, it is important that campers and helpers are able to get to know each other as quickly as possible. This page lets you share some information about yourself.

**THIS INFORMATION WILL BE SHARED WITH THE CAMPER YOU ARE ASSISTING & YOUR TEAM.**

**My experience supporting people with disabilities** - *if I have been to Pathfinders before, how many times, experience through family or friends, experience through work or volunteering.*

**Favourite hobbies - at home** – *such as cooking, shopping, music, crafts, sport, reading / at camp* – *such as swimming, aerial runway, craft, hike lunches, cooking.*

**Things about me** – *such as family, pets, where I study or work.*

**Any issues I have** - *such as asthma, allergies, back problems, can't see without my glasses, I wear a hearing aid, I need early nights, I get fatigued easily.*

**Food** – *is there anything I can't eat (allergies or intolerances), are there things I need help with? Am I on a special diet (vegetarian, vegan, reducing)? Am I diabetic?*

**Other things my camper might need to know** – *such as, I take medication, I have fits / seizures (and what can trigger these), I have anxiety, I have panic attacks, what time I prefer to go to bed (early / late), I am a heavy sleeper, any fears or phobias I have.*

<b>NAME:</b>	
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Please use this page for any other information you would like to share with the camper you are assisting or the team you will be working with during the week.

<b>NAME:</b>	
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**SECURITY SCREENING**

**THIS INFORMATION IS USED BY THE LEADERSHIP TEAM FOR SECURITY SCREENING**

As a member of Pathfinders Camp, you will be coming into direct contact with young people and vulnerable adults. For their protection, and for your protection, we need to ask the following questions.

**CHARACTER REFERENCES**

We need to take up references for all new campers and helpers at Pathfinders Camp. Please provide the names and addresses of two people willing to act as character referees for you. These should ideally be a current employer (paid or voluntary), a teacher or tutor, a youth or club leader or member of the clergy, etc.

**Referee 1**

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Office Use Only:</b>	
Date reference request sent	
Date reference received	

**Referee 2**

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Office Use Only:</b>	
Date reference request sent	
Date reference received	

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<b>NAME:</b>	
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**DISCLOSURE AND BARRING SERVICE (DBS) CHECKS**

Many people who work or volunteer with children or vulnerable adults are routinely subjected to DBS checks as a condition of their employment or voluntary service.

Do you have a DBS Certificate? **YES NO**

**IF YES**

Did the check include 'vulnerable adults'? **YES NO**

Was the check enhanced? **YES NO**

Disclosure Certificate Number \_\_\_\_\_

Certificate Date \_\_\_\_\_

Are you signed up for the DBS Update service? **YES NO**

**IF YES**

Do you consent to us reviewing your details on the update service? **YES NO**

**CONVICTIONS**

Any convictions or allegations will not necessarily prevent you from volunteering with us. If you answer 'Yes' to either of the questions listed below, please contact the Camp Leader to discuss the matter in confidence. Any details will be kept confidential.

Have you ever been convicted by any Court in the UK or abroad of any criminal offences (including spent convictions)? **YES NO**

Have you ever been bound over, placed on probation, cautioned or discharged (either conditionally or absolutely) in relation to any offence involving young people or vulnerable adults? **YES NO**

**OTHER INFORMATION**

If you have lived at the address given on the front sheet for less than two years, please give your previous address(es) here.

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<b>NAME:</b>	
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**COVID REQUIREMENTS**

**THIS INFORMATION IS USED BY THE LEADERSHIP TEAM FOR OFFICE USE ONLY**

If you become ill with COVID (or anything else) during Pathfinders, you **MUST** be able to return home within 24 hours. This means **you must have someone available to come and collect you from camp and you should be able to get home without using public transport if possible.**

- If you live in a shared residential space, you must be able to return there.

**OR**

- You must have alternative accommodation where you will be able to stay.

**COVID / ILLNESS DECLARATION**

I am able to return to my usual residence if I become ill on Camp YES    NO

**OR**  
I have alternative accommodation available if I become ill on Camp YES    NO

Please provide the contact name & number of the person who will be able to collect you from camp should you become ill part way through the week.

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Name: \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Contact Details:                      Daytime    Evening

\_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT:** \_\_\_\_\_ **SELF / GUARDIAN\*** (*delete as appropriate*)

\*Parent or Guardian should sign if under the age of 18

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<b>NAME:</b>	
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**DECLARATION**

**THIS INFORMATION IS USED BY THE LEADERSHIP TEAM FOR OFFICE USE ONLY**

I confirm that, to the best of my knowledge, the information that I have provided in this application form is full and correct, and that if I fail to disclose information which may later cause problems for the camp organisers in regard to my being able to provide help to an acceptable standard, then I may be required to forfeit my place and return home.

By signing this form, I confirm that I consent to Pathfinders Camp holding my personal data for contacting me regarding the annual camp, and for processing that data as needed during the planning and management of camp. Pathfinders may contact me by email, post or telephone.

I understand that Pathfinders Camp is run entirely by volunteers.

I understand that Pathfinders Camp does not have a dedicated 'camp nurse', but does have a 'Health Team' to assist with medications together with a number of qualified first aiders and mental health first aiders on site.

<b>SIGNED:</b>	_____	<b>DATE:</b>	_____
<b>PRINT:</b>	_____	<b>SELF / GUARDIAN*</b>	<i>(delete as appropriate)</i>

\*Parent or Guardian should sign if Camper is under the age of 18

**\*delete as appropriate**

I do\* / do not\* consent to being photographed, filmed or recorded by Pathfinders Camp. I understand that the images may be used in any way that Pathfinders Camp chooses, such as on the website, in printed material (such as posters and flyers) and in social media. They may also be passed to Woodlarks Camp Site Trust for use in their publicity.

<b>SIGNED:</b>	_____	<b>DATE:</b>	_____
<b>PRINT:</b>	_____	<b>SELF / GUARDIAN*</b>	<i>(delete as appropriate)</i>

\*Parent or Guardian should sign if Camper is under the age of 18

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**Please return your completed form to the Camp Leader (either by email or post)**

Email: [sam.dunn.pathfinders@gmail.com](mailto:sam.dunn.pathfinders@gmail.com) Tel: 07401 870474

Postal: Mrs Sam Dunn  
11 Matson Avenue  
Matson  
Gloucester  
GL4 6LE