

NOMINATION FORM - BUDDY

BUDDY'S DETAILS

Surname: _____ First Name: _____

Preferred Name: _____

Home Address: _____

Date of Birth: _____ Sex: Male / Female

Phone (H): _____ Phone (W): _____

Mobile _____ Email Address: _____

Current Employment: _____

Course (if Studying): _____

Interests/Hobbies: _____

Please
attach photo

MEDICAL HISTORY

Medical/ Health Condition:

Known Allergies: *(list any known allergies eg. Insect bites, nuts, sticking plaster)*

EMERGENCY CONTACT PERSON

Surname: _____ First Name: _____

Relationship to Buddy: _____

Home Address: _____

Home Phone Number: _____

Work Phone Number: _____ Mobile: _____

Applicant Assessment Questionnaire (Please answer all questions)

Have you been Buddy at a previous Rotary Handicamp?	Yes/No	Details
Have you worked as a carer for a person with a disability or impairment?	Yes/No	Details
Are you willing to participate in all Handicamp 2009 Activities?	Yes/No	Details
Do you have any dietary restrictions or requirements?	Yes/No	Details
Do you hold a current First Aid Certificate?	Yes/No	Details

CONDITIONS

- No Alcohol or Drugs (other than prescription or panadol) are permitted at Handicamp.
- No Smoking is permitted on Handicamp Grounds
- Successful nominees will be provided with registration and general details directly from the Rotary District 9470 Handicamp Committee
- It is the Buddy's responsibility to arrange transportation to and from the camp

Disclaimer

I acknowledge that I attend Handicamp 2009 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 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 Handicamp nurse/organisers to provide emergency medical care at my cost if not sufficient time to contact my nominated contact person.

Buddy's Name: _____ Signature: _____

SPONSORING ROTARY CLUB

Rotary Club of _____

Has enclosed a cheque for payment Yes / No

Club Contact _____

Phone (H): _____ Phone(W): _____

Mobile: _____ Email: _____

PLEASE RETURN THIS FORM WITH PAYMENT TO:
Handicamp 2009 Committee
PO Box 124
BURSWOOD WA 6100

Committee Use Only

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

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