



## Salvo Snow Mission Jindabyne 2014 Application Form

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____						
Full Name							
Preferred name							
Date of Birth	Date of Birth (DD/MM/YYYY):   __ / __ / ____						
Address							
Phone Number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>						
Mobile Number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>						
E-mail Address							
Why would you like to go on this Mission Trip?							
Availability for Mission	<input type="checkbox"/> Week 1: Saturday June 28 <sup>h</sup> – Saturday July 5 <sup>th</sup>		OR				
	<input type="checkbox"/> Week 2: Saturday July 5 <sup>th</sup> – Saturday July 12 <sup>th</sup>						
Are you at school or studying?	I am at currently (please tick one below)	Institution Name	Grade, Degree Name, or Course Name				
	<input type="checkbox"/> School						
	<input type="checkbox"/> University						
	<input type="checkbox"/> Tertiary Studies						
	<input type="checkbox"/> Not at school or studying						

Do you attend a Salvation Army Corps or Centre?	Yes	No	If yes, what is the name of your Corps/Centre:
	<input type="checkbox"/>	<input type="checkbox"/>	
How are you involved at this Corps/Centre?			
Do you play an instrument or sing? If so, what?			
Languages Spoken (other than English)			

Medical Background	Do you have any medical conditions that we need to know about?			
	Yes	No	If yes, please explain	
	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you have any allergies?			
	Yes	No	If yes, please state which allergies	
	<input type="checkbox"/>	<input type="checkbox"/>		
Do you currently use/take		Yes	No	
	Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	
	Drugs	<input type="checkbox"/>	<input type="checkbox"/>	
	Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	

Do you have a special dietary needs?	Yes	No	If yes, please explain	
	<input type="checkbox"/>	<input type="checkbox"/>		
Do you hold a current First Aid Certificate	Yes	No	If yes, when does it expire:	
	<input type="checkbox"/>	<input type="checkbox"/>		
Do you hold a current Caring for Kids Certificate	Yes	No	If yes, when does it expire:	
	<input type="checkbox"/>	<input type="checkbox"/>		
Are you currently accredited for SAES modules 1-4	Yes	No	If yes, when does it expire:	
	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have experience with Youth aged 12-25	Yes	No	If yes please give a brief description of experience	
	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have experience working with drug and alcohol issues	Yes	No	If yes please give a brief description of experience	
	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have experience cooking?	Yes	No	If yes please give a brief description of experience	
	<input type="checkbox"/>	<input type="checkbox"/>		

Would you consent to a Police Check?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide an Emergency Contact	Name	
	Phone Number	
	Email	
	Relationship to contact	
Is there anything else you would like us to know that has not already been covered?		
List 2 referees and their contact details.  At least <b>1 must</b> be a leader at your Corps or Centre, either the Corps Officer or your Centre Manager	Name	
	Occupation	
	Phone Number	
	Email	
	Relationship to referee	
	Name	
	Occupation	
	Phone Number	
	Email	
Relationship to referee		

I \_\_\_\_\_ have answered the above questions truthfully to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

To submit your Salvo Snow Mission application please send the following items to the address below:

1. This Application Form
2. A signed copy of the Code of Conduct
3. A signed copy of the Permission and Release Form (if you are under 18)

**Mail to :-**

The Salvation Army Cooma Corps  
Salvo Snow Mission  
PO Box 85  
COOMA NSW 2630

**Scan and E-Mail form to :-**

OR [louise.nicholson@ae.salvationarmy.org](mailto:louise.nicholson@ae.salvationarmy.org)

## **Code of Conduct for Salvo Snow Mission Team Participant**

As a Salvo Snow Mission Team (SSMT) Participant I understand that I will be subject to the terms and conditions of this code of conduct and I agree to adhere to the values of mission to which The Salvation Army subscribes.

Specifically I will also ensure that I use the following guidelines as a way of ensuring that my behaviour and interaction with others is positive and appropriate and in keeping with the aims and mission of The Salvation Army.

### **I will not:**

1. Form any exclusive relationships whilst involved in the SSM programme, acknowledging that these can exclude and be harmful to myself and others and will detract from the wider experience.
2. Consume alcohol, intoxicating substances or drugs, have sexual relations or encounters with anyone in my group or in the host community (excludes married relations), access or carry any inappropriate or exploitative material including pornography, use profane or inappropriate language or innuendo, use inappropriate and unwelcome touch.
3. Provoke, bully, aggressively pursue, antagonise or intimidate others in my team or in the host community. This includes physical fighting.
4. Act recklessly or do anything to endanger my life or the lives of others in any way.
5. Inhibit or obstruct through my behaviour or action, the important work and activity that is part of the daily life of local community.
6. Promise or suggest funding, aid or assistance in ways I cannot deliver or in the context of a direct request. (In this instance refer to the team leader for assistance in responding)

### **I will:**

1. Engage sensitively with other members of SSM and with the local placement, acknowledging that this placement is a privilege and we are guests.
2. Act, at all times, in a culturally sensitive manner, including the acknowledgement and practice of appropriate cultural protocol and traditions.
3. Treat everyone with respect and dignity. This includes both other team members and local community hosts. This also includes permission to photograph film or engage in some community activities. I will also handle conflict appropriately and in a non-threatening, non-aggressive reconciliatory fashion.
4. Act in accordance with local, Australian laws at all times.
5. Act in a way that will not harm the reputation of The Salvation Army and its members, staff and work around the world.
6. Endeavour to learn all I can about the people I encounter their issues and needs and think intelligently and compassionately about ways in which these needs and issues affect me and the wider world we all live in.
7. Wholeheartedly participate in the SSM experience for the sake of the communities we seek to serve, the other team members who serve with me and for my own personal development.

### **I understand:**

1. That if I violate these guidelines I will be subject to consequences which could include being sent home and paying any costs that are incurred as a result of bad or inappropriate behaviour or damage caused by my behaviour.
2. That whilst The Salvation Army will make every effort to ensure that I am not harmed in any way, The Salvation Army is not responsible for any injury, either accidental or deliberate, including infection or disease that I may contract whilst part of a SSM experience, including injuries, illness or disease resulting in death.
3. That The Salvation Army retains the right to withdraw the opportunity to travel, and cancel any SSM activities and plans with reasonable notice. The Salvation Army reserves the right to retain the non-refundable deposit and also costs incurred if cancellation is due to inappropriate behaviour or conduct by a team member.

**By signing this form I agree to the code of conduct outlined above.**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/ Guardian's Signature (If participate under 18) \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Permission and Release Form

For Parents and Guardians of participants under 18 years old

Please provide information on your son or daughters medical background:

Are you aware of any past injury, operation, mental or physical illness that may impact your child's ability to adapt to a particular environment?

Yes  No If yes, please explain

Does your child have any significant physical conditions or special limitations (climate, diet, exercise, eating disorder, depression)?

Yes  No If yes, please explain

Does your child have any allergies?

Yes  No If yes, please state which allergies

Does your child take regular prescription medication?

Yes  No If yes, please state which medication, what it is for and if it is self administered

Please provide details on any other medical issues of which Salvo Snow Mission Team needs to be aware

I give my permission for my son/daughter \_\_\_\_\_ to travel and participate in the Salvo Snow Mission 2012.

I have answered the above questions about my sons/ daughters medical background truthfully to the best of my knowledge.

I understand that my child will be subject to the terms and conditions of the Salvo Snow Mission Team Code of Conduct of which I have read and agreed to.

Signed: \_\_\_\_\_

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

Date: \_\_\_\_\_