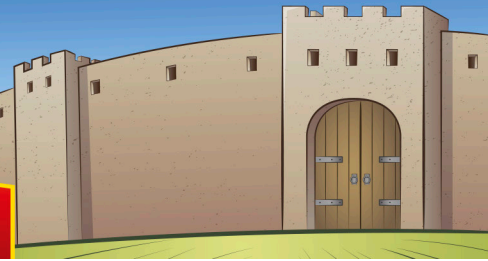




GOD'S PROMISE

ALWAYS WITH YOU



EUD PATHFINDER CAMPOREE 2019

VOLUNTEER APPLICATION FORM (ONLY FOR EUD COUNTRIES)

From Jul 29 to Aug 4, 2019 ▪ Only for adults 18 and older

Registration deadline: **Tuesday, April 30, 2019**

VOLUNTEER DETAILS	First Name _____ Surname _____	Picture of volunteer
	Address _____	
	ZIP code _____ City, Province _____	
	Country _____ Mobile Phone _____	
	Boy <input type="checkbox"/> Girl <input type="checkbox"/> Union/Conference _____	
	Birthdate (dd/mm/yyyy) _____ Pathfinder Grade (if any) _____	
	Email _____ Nationality _____	
	Driver's licence <input type="checkbox"/> Yes <input type="checkbox"/> No	
	T-Shirt Boy Size <input type="checkbox"/> 10-12 <input type="checkbox"/> 14-16 <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL	
	T-Shirt Girl Size <input type="checkbox"/> 10-12 <input type="checkbox"/> 14-16 <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	
LANGUAGES. Camporee languages will be Portuguese & English. Write if you speak other languages.		
Portuguese level <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low _____ <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
English level <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low _____ <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		

INSURANCE	All participants must be covered by insurance. Please tick to indicate your consent.
	<input type="checkbox"/> I understand that it is the responsibility of the participants to arrange the necessary Health and Travel Insurance
	<input type="checkbox"/> I will present copies of my Insurance documentation to my Union/Conference Leader
	<input type="checkbox"/> I have an EHIC (European Health Insurance Card) – European participants only

TIME SCHEDULE	In order to set up the Camporee it is necessary to arrive earlier to the place. Choose one of the following options:
	<input type="checkbox"/> I will serve as a volunteer from July 26 to August 04 (preferably arriving in the morning)
	<input type="checkbox"/> I will serve as a volunteer from July 26 to August 06 (preferably arriving in the morning)
	Arrival date ((dd/mm/yyyy)) _____ Departure date ((dd/mm/yyyy)) _____
	<input type="checkbox"/> With my delegation <input type="checkbox"/> With my delegation
	<input type="checkbox"/> By myself <input type="checkbox"/> By myself
	<input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Plane <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Plane
	<input type="checkbox"/> I will need a pick up from the airport <input type="checkbox"/> I will need a shuttle to the airport

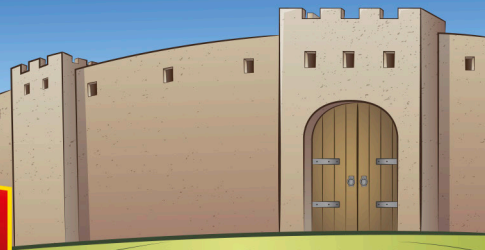
PERSONAL SKILLS	Personal Skills _____

	Profession/field of study _____



GOD'S PROMISE

ALWAYS WITH YOU



First Name and Surname

PATHFINDERING

Experience with Pathfinders _____

I have a tent and I can bring it to the Camporee (preferred option especially for Portuguese volunteers)
 I cannot share my tent with more people I can share my tent with (number) _____ people
 I will need a tent provided by Camporee for my accommodation

REGISTRATION CONSENT

I confirm that all the information provided in this form is correct. To be signed by applicants 18 years of age and above.

The EUD Youth Ministries Department collects and processes information on all people who attend our events. This information is collected on the basis of consent and is used for the essential purposes of running the event, which may include: sending reminders, recording attendance, confirming the payment of fees, ensuring safeguarding, and providing additional services, including pastoral support. Personal information collected for a specific event will be retained for up to five years and may be used to promote future events.

Individuals have the right to ask to see any information held about them by the EUD Youth Ministries department by submitting a 'Subject Access Request' to the secretary. They have the right to ask for information which they believe to be incorrect to be rectified, and, in some circumstances to have all of their information removed.

I agree to support all activities and to respect the philosophy of the Seventh-day Adventist Church whilst attending this event.

My response:

I agree to the statements above and the general conditions in page 4 and consent appropriately.
 I do not agree to the statements above and do not give my permission (note that we will not be able to process your application if you choose this option).
 I authorize the use of photographs and videos in which I appear for graphic material, audiovisual, social networks and the website, if any, of the Inter-European Division.

Compliance to the GDPR police checks are required.

Signature _____

Date (dd/mm/yyyy)

UNION or CONFERENCE only

Union / Conference name _____
 Youth Director name _____

I recommend the above person for Camporee attendance.

Date (dd/mm/yyyy) Signature _____

SEND ALL THE PAGES TO YOUR UNION or CONFERENCE YOUTH DEPARTMENT
Registration deadline: **Tuesday, April 30, 2019**



MEDICAL INFORMATION

First Name and Surname	Emergency Phone
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ALLERGIES	<input type="checkbox"/> Has no known intolerant allergy <input type="checkbox"/> Intolerant _____ He/She is allergic to: <input type="checkbox"/> Medicines Specify _____ <input type="checkbox"/> Food Specify _____ <input type="checkbox"/> Pollen, plants or animals Specify _____ Other allergies: _____
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DIET	<input type="checkbox"/> Follow a normal diet <input type="checkbox"/> Have food restrictions <input type="checkbox"/> Type of diet _____ Special dietary guidelines (only if it is needed): _____ _____ _____
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CHRONIC DISEASE	<input type="checkbox"/> Does not have any chronic disease <input type="checkbox"/> Medical background _____ Suffer (mark the necessary options) <input type="checkbox"/> Asthma <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Celiac <input type="checkbox"/> Frequent Ear Infections <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Hyperactivity ADHD <input type="checkbox"/> Skin Conditions <input type="checkbox"/> Somnambulism <input type="checkbox"/> Bed-wetting <input type="checkbox"/> Other _____ Indicate the treatment in case of crisis of any of these diseases (attach medical report) _____ _____
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VACCINATIONS AND OTHERS	Medication during the Camporee <input type="checkbox"/> Yes <input type="checkbox"/> No What for? _____ What medication? _____ What is the dosage? _____ Please give name of drug and dosage details. Any medicines required during the trip should be clearly labelled with the name and exact dosage details and should be handed to the leader (if under 18). _____ Are you fully vaccinated? (only if absolutely certain) <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a tetanus vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No Date (dd/mm/yyyy) _____ Hair check pediculosis <input type="checkbox"/> Yes <input type="checkbox"/> No Pediculosis treatment <input type="checkbox"/> Yes <input type="checkbox"/> No
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With my signature I declare that all the information provided in this MEDICAL FORM is true, not hiding any information that may be relevant to your health or the rest of the participants of the EUD Pathfinder Camporee 2019. Please sign below to indicate your consent for any necessary medical treatment.

Date (dd/mm/yyyy)

Signature



GENERAL CONDITIONS

EUD PATHFINDER CAMPOREE 2019

1. As a volunteer, remember you are attending an event organized by the Seventh-day Adventist Church, so **you must respect the philosophy** of the Seventh-day Adventist Church while volunteering at Camporee 2019.
2. **Volunteers must commit themselves to perform the task they are assigned by the volunteer coordinator with excellence and in a timely manner.** Their work and effort will result in the blessing of the many young people that will attend this camporee. **No task is too small.**
3. **Volunteers must cover their own travel expenses** to and from Lisbon, Portugal. Pick-up will be organized by the Camporee 2019 to and from the airport for those that need shuttle service. As a way of showing gratitude for their service, **Camporee 2019 covers the accommodation if somebody can not bring their own tent** (from Friday, July 26, 2019) **and food expenses** (from Friday, July 26, 2019 lunch to Tuesday, August 6, 2019 lunch).
4. **Volunteers are expected to arrive in Lisbon on Friday, July 26, 2019.** Because volunteers are such a vital part of making the camporee a success, we want to invest in them and spend a special weekend together in preparation for this Camporee.
 - a. If you arrive by train or airplane (the closest airport is Lisbon), please send your arrival details to youth@eud.adventist.org so we can arrange for your pick-up.
 - b. If you arrive by car, go directly to Sesimbra Natura Park, Portugal. This is the place of the Camporee.
5. If you have changes in your arriving and leaving times should be communicated in advance to the volunteer coordinator.
6. **Volunteers must make the necessary arrangements to have travel and health insurance.** This travel insurance must cover any medical expense a volunteer may have during their stay in Portugal.
7. Volunteers must be **18 or older.**
8. **Your task as a volunteer requires a 100% commitment.** You will enjoy working behind the scenes for Camporee 2019, and you will have the priceless opportunity of making a difference in the lives of hundreds of Pathfinders through your service. **The volunteer will participate in tasks related to the activities and logistics of the Camporee** being some of these: the set up and tear down of activities and structures for the Camporee, maintain order during activities, cleaning and maintenance of showers and bathrooms, security of the Camporee area and others that will be indicated in the Camporee by the volunteers coordinator. Also, volunteers will have **their own meetings**, so you will not miss out to grow spiritually, meet and make new friends that last for a lifetime and feel the satisfaction of serving others with love and care.
9. Applicants must attach the following to their application form:
 - a. **Recommendation letter(s)**
10. **The deadline to receive volunteer applications is: Tuesday, April 30, 2019. Applicants will receive an email by May 20, 2019,** indicating whether they have been chosen as a volunteer or not.
11. You must always **follow the instructions of your volunteer coordinator.**
12. **The volunteer coordinator must know where you are at all times during Camporee 2019.** If you need to be absent for a short period of time, you must inform your volunteer coordinator, and receive their permission.
13. General camporee information:
 - a. Health and Personal Well-being
 - i. The camporee menu is a vegetarian menu (includes eggs and dairy products in the diet).
 - ii. The consumption, use or trafficking of any type of drug is prohibited, whether it is legal or not.
 - iii. **Dress code:** Casual. **Pathfinder uniform is required specially on Sabbath.** You may be required to wear staff identification/vests.
 - iv. Personal hygiene.
 - v. **Rest.** Make sure you get enough rest to perform your tasks with excellence.
 - b. Fellowship
 - i. **Respect towards other volunteers and staff members is expected of all volunteers at all times.**
 - ii. Volunteers are expected to take part in the spiritual worship activities organized for them.