



## **TURNING POINT**

### **MINISTRIES**

# **TEAM MEMBER APPLICATION**

*A Team Member is 18 years or above and is appointed to a program under the Safe Church screening and the Lutheran Church of NSW.*

*The Team Member is responsible to the Team Leader/Director and will report to them.*

### **PROCESS**

1. Complete Professional Standards Training
  - a. Safeguarding Children (Webinar)
  - b. Professional Standards Core (Face-to-face)
  - c. Child and Youth Ministry (Face-to-face)
  - d. Team Member Training (Online)
2. Complete Code of Conduct & Volunteer Information form (below).  
Email to [tpmevents@nsw.lca.org.au](mailto:tpmevents@nsw.lca.org.au)
3. Register for an event
  - a. Registration is tentative until Volunteer Information is received and approved by TPM Camping Team Member
  - b. TPM Camping Team Member will let you know whether your application has been approved

## TEAM MEMBER CODE OF CONDUCT

### Role Statement

To help in the coordination of an event as part of a team, ensuring consistency with the aims, beliefs and working principles of the NSW Lutheran Church & Turning Point Ministries. This includes an emphasis on experiencing Christian community and sharing of the Gospel and Christian worldview.

### Job Specification

#### As a Team Member:

1. I understand and identify with the beliefs and practices of the Lutheran Church of Australia.
2. I am committed to meeting God regularly through the Bible and prayer as the key to effective ministry and am committed to personal growth in my faith journey.
3. I am committed to my own growth and development as a Team Member, and subsequently attend training provided by the NSW Lutheran Church camping program.

#### Responsibilities:

1. I adhere to the ethos of the Lutheran Church of Australia.
2. I will willingly adhere to the correct leader appointment procedures and accept the decision of the TPM Camping Team.
3. I will take part in training events where appropriate, including Safe Church and Leadership Camp.
4. I will ensure the protection of the Lutheran Church of Australia and program participants by correctly following policies and procedures that are in place.
5. I will work as part of a team of committed people for the purpose of the program.
6. I will work under the leadership of the Team Leader/Director and fulfill specific roles and tasks to the best of my ability.
7. I will ensure that high standards are kept within the program (safety, hygiene, studies, care of equipment, conduct of leaders).

I, the undersigned, have read, understood and agree to the above statements.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

## VOLUNTEER INFORMATION

Applying to be a Team Member at *(list Camp Name & Dates)*:

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Preferred Role *(tick all that apply)*:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Activity Helper        | <input type="checkbox"/> Group Leader |
| <input type="checkbox"/> Assistant Group Leader | <input type="checkbox"/> Prayer Team  |
| <input type="checkbox"/> Camp Parent            | <input type="checkbox"/> Worship Team |
| <input type="checkbox"/> Director               |                                       |

Why are you interested in applying for this position?

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Relevant qualifications, work history & courses completed **(Attach copies)**:

(E.g. Safety training, First Aid, Leadership Camp, Food Handling)

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Special skills and life experience:

(Please detail any special skills or experience that you consider relevant to this position)

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Three Character Strengths:

1.

2.

3.

Three Character Weaknesses:

1.

2.

3.

**What might you struggle with on camp?**

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**Which church are you connected to? In what ways do you serve in church?**

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**Special Considerations:**

Do you have any mental or physical health issues that we should be made aware of?

Yes  No

If yes, please give details:

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**Referees**

*Please give the names of two referees who can be contacted to speak objectively about your suitability for the position.*

**Pastor Name:**

Phone Number:

Email:

How long have you known this person:

**Referee Name (Non-family member):**

Occupation:

Phone Number:

Email:

Relationship of the referee to applicant:

How long have you known this person:

## Background Checking

*Please fill in either your WWCC details (NSW) or WWVP details (ACT)*

### **Working With Children Check (NSW Residents):**

Full Name:

DOB:

Registration Number:

Expiry Date:

### **Working With Vulnerable People (ACT Residents):**

*Please attach a copy of your Working with Vulnerable People Card*

Full Name:

DOB:

Registration Number:

Expiry Date:

### **Declaration:**

I certify that my answers to each of the above questions are true and that the information provided is correct.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_