

Please enclose 1
passport photo

Volunteer Application Form

This PDF form can be completed digitally. Once complete please print, sign and post to us.
IF COMPLETED BY HAND PLEASE PRINT CLEARLY (IN BLACK)

We appreciate that if you have previously been on a trip with us you will have supplied much of this information before; however we would request that you complete this in full in order for us to maintain accurate records. Please do not hesitate to call us with any queries or questions concerning this form or the trip on (01582) 720056.

Personal Details

Surname (As on passport) Title

First Name(s) (As on passport)

Preferred name for name badge (James = Jim) Marital status

Address

Postcode

Home Phone Number Work Phone Number

Mobile

Home Email Address Please Tick Preferred:

Work Email Address

Please tick if you do not want us to share your email address with other team members

Male Female Age Date of Birth

Occupation (If Retired - Previous Occupation)

Do you regularly attend church?

Have you travelled with Mission Direct before? YES NO

If so where?

How did you hear of Mission Direct?

Have you ever had any non-motoring, criminal convictions or cautions? YES NO

(Please give details on separate sheet)

Trip Details - Which trip are you applying for?

Country Have you ever been to this country before? YES NO

Preferred dates Alternative dates

Passport Details

Passport Number Place of Issue
Date of Issue Place of Birth
Expiry Date

NOTE:- YOUR PASSPORT MUST HAVE 6 MONTHS VALIDITY AFTER RETURN DATE

Church Leader Reference

If you regularly attend a church please ask your church leader to complete this section and get him/her to sign where indicated. If you do not regularly attend a church please provide an alternative referee, noting their relationship to you e.g. an employer or someone, in a professional capacity, who has known you for more than 5 years. We may contact referees.

Name Phone Number

Church Name E-mail

Church Address

Postcode

I support this application. Signed Church Role

Date

Would you like a Mission Direct Speaker to visit your church? YES NO

Emergency Contact Details

of someone in the UK whilst you are abroad

Name Relationship

Home Phone Number Work Phone Number

Mobile Email Address

Address

Postcode

Mission Direct is unusual in that you do not have to be skilled to come. However, it helps us to know why you have chosen to come and if you are skilled or gifted in certain areas. Please tell us three things about yourself and what are your interests?

Mission Direct Medical Information

Print name

Your medical information is an important part of the application. We do not determine your physical or emotional preparedness to serve. This is your responsibility and you must consult with your doctor to determine your readiness and make arrangements for your health and physical requirements without relying on any action before, during or after the time of service with Mission Direct or anyone connected with them.

Travel & medical insurance which includes the cost of medical treatment and emergency airlift is required for each participant of a Mission Direct team and is included in your contributions. Any pre-existing conditions are covered providing you are not travelling against medical advice. It is essential that you seek medical advice if you are unsure of your fitness to travel.

It is important to be as accurate as you can in completing this questionnaire as it helps our staff in-country care for you.

Do you suffer from any of the following? Please tick the 'yes' or 'no' box as appropriate:

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Anaemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease / Angina
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis / Jaundice / Liver Problems
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	High or Low Blood Pressure
<input type="checkbox"/>	<input type="checkbox"/>	Back Strain / Pain / Problems	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Problems / Stones
<input type="checkbox"/>	<input type="checkbox"/>	Blood Clotting or Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Severe or Migraine Headaches
<input type="checkbox"/>	<input type="checkbox"/>	Cancer / Recent Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	<input type="checkbox"/>	Chronic or Excessive Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	Sleep Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes (Type 1 or 2)	<input type="checkbox"/>	<input type="checkbox"/>	Stomach or Duodenal Ulcer
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy / Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Stroke
<input type="checkbox"/>	<input type="checkbox"/>	Fainting / Blackouts / Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Vision loss not corrected by glasses
<input type="checkbox"/>	<input type="checkbox"/>	Frequent infections	<input type="checkbox"/>	<input type="checkbox"/>	Do you suffer from travel sickness?
<input type="checkbox"/>	<input type="checkbox"/>	Do you now or have you previously suffered from depression requiring medication, medical review or referral?	<input type="checkbox"/>	<input type="checkbox"/>	Do you smoke?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been under the care of any health professional or hospitalised for any mental illness at any time?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any surgery within the last six months?
<input type="checkbox"/>	<input type="checkbox"/>	Do you now or have you previously suffered from an emotional condition such as an eating disorder or nervous breakdown?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had any significant illness or injury other than those already noted?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have an injury or health problem that limits or restricted your lifestyle or work capacity?	<input type="checkbox"/>	<input type="checkbox"/>	Do you require the use of any braces, prosthesis, supportive devices or aid to do your job or activities of daily living?
<input type="checkbox"/>	<input type="checkbox"/>	Any medical condition that is currently, or has in the last 5 years been treated by a physician, chiropractor or healer?	<input type="checkbox"/>	<input type="checkbox"/>	Ladies only - Are you pregnant?
			<input type="checkbox"/>	<input type="checkbox"/>	Have you had a baby within the last six months?
			<input type="checkbox"/>	<input type="checkbox"/>	Any other relevant medical factor?

If you have answered 'Yes' to any of the above questions or you are currently under the care of a doctor, please give **FULL** details here or on a separate sheet and attach to this page.

Mission Direct Medical Information (continued)

Please list all known food, drug and any other allergies.

Please state any dietary requirements e.g. Vegetarian, Nut/Spices/Wheat intolerance etc.

Please list all medication you are currently taking.

Name	Dosage	Frequency

Medical Declaration

- 1) I confirm I will have adequate supplies of medication(s) for the duration of my trip.
- 2) I confirm this is an accurate account of my State of Health.
- 3) I confirm I am not travelling against medical advice.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Special Requirements

Please give details below of any special requirements or queries you have regarding your trip.

Gift Aid Declaration

We can claim back tax against your donations, provided you are a UK taxpayer. If you would like to make your donations worth more – at no cost to you – please complete the details below. For this Gift Aid Declaration to be valid, you must pay at least as much UK tax as the amount claimed. If your circumstances change please inform us.

I confirm I have paid or will pay an amount of Income Tax and / or Capital Gains Tax for each tax year (6th April to 5th April) that is at least equal to the amount of tax that all the charities that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5th April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6th April 2008. Please notify the charity if you: • Want to cancel this declaration. • Change your name or home address. • No longer pay sufficient tax on your income and / or capital gains. If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Please treat as Gift Aid donations all qualifying gifts of money made:
(Please tick all boxes that apply)

Today

In the past 4 years

In the future

Name

Address

Postcode

Signature

Date

PLEASE RETURN THIS COMPLETED FORM WITH YOUR INITIAL £150 NON-REFUNDABLE CONTRIBUTION TO THE ADDRESS BELOW - MAKING YOUR CHEQUE PAYABLE TO MISSION DIRECT.

TO ENSURE YOUR APPLICATION ARRIVES SAFELY PLEASE APPLY THE CORRECT POSTAGE.

Mission Direct, 27 Bury Mead Road, Hitchin, Hertfordshire. SG5 1RT

Tel: 01582 720056

E-mail: info@missiondirect.org

Website: www.missiondirect.org

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Registered Charity No. 1107824.

Volunteer Guidance for working with Children and Vulnerable Adults

To be signed by **all** Overseas Staff & Volunteers

1. Statement of Commitment:

- 1.1. MD is committed to the welfare of children, youth and vulnerable adults and is opposed to all forms of exploitation and abuse, including child sexual abuse.
- 1.2. Overseas staff members are to have CRB checks. Volunteers may not have such screening and the following Behavioral Protocols will therefore apply to all work with children and vulnerable adults.
- 1.3. The different forms of abuse are described:
 - 1.3.1. **Physical Abuse:** Actual or likely physical injury to a child or vulnerable adult, or failure to prevent physical injury, or suffering, to a child or vulnerable adult, including deliberate hitting, beating, shaking, throwing, burning, drowning, suffocating or poisoning.
 - 1.3.2. **Mental/Emotional Abuse:** Actual or likely severe adverse effect on the emotional and behavioral development of a child or vulnerable adult caused but persistent or severe emotional ill treatment or rejection. May involve conveying to the child or vulnerable adult that they are worthless, unloved or inadequate and cause children or vulnerable adults to feel frightened, in danger and corrupted.
 - 1.3.3. **Neglect:** The persistent or severe neglect of a child or vulnerable adult or the failure to protect a child or vulnerable adult from exposure to any kind of danger, including cold and starvation, or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child or vulnerable adult's health or development, including non-organic failure to thrive.
 - 1.3.4. **Sexual Abuse:** Actual or likely exploitation of a child, adolescent or vulnerable adult, representing the involvement of dependent, developmentally immature children, adolescents and vulnerable adults in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate social taboos or family rules, such as touching a child's or vulnerable adult's genitals, forcing a child or vulnerable adult to watch or take part in pornography or coercing the child or vulnerable adult to have sex.
- 1.4. A child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.

2. Behavioral Protocols:

To be explained to volunteers at a training session in country prior to working with children or vulnerable adults

- 2.1. MD expects all its Overseas and National Staff and Volunteers to give respect and dignity to all children and vulnerable adults associated with the work of MD.
- 2.2. Volunteers will not usually be left with children or vulnerable adults unsupervised by MD Staff.
- 2.3. MD Staff & Volunteers must never be alone with children or vulnerable adults who are not their own offspring in a private place that cannot be readily seen by other responsible adults.
- 2.4. National children or vulnerable adults will not stay overnight in the residence of MD Staff or Volunteer, unless accompanied by a parent or adult family member and approved by the Country Manager.
- 2.5. MD Staff and Volunteers will not touch a child or vulnerable adult in a way that is against the UN Convention on the Rights of the Child. (A general guideline is not to touch children in areas that would normally be covered by shorts and t-shirt, but also includes kissing and tickling in an inappropriate way.)
- 2.6. MD Staff and Volunteers will not discipline a child in a way that is against the Convention on the Rights of the Child.
- 2.7. MD Staff and Volunteers will not use a child in a way that is against the Convention on the Rights of the Child.
- 2.8. MD drivers will not take a child or vulnerable adult home without at least one other person being present in the vehicle, unless the child or vulnerable adult is a family member.
- 2.9. MD Staff and Volunteers will not visit a child or vulnerable adult at their own home, while they are at home alone.
- 2.10. Adults will always be responsible for their behavior and cannot blame the child or vulnerable adult, even if they 'provoke' or act in a 'seductive' way.
- 2.11. If protocols are broken, the person involved will be disciplined.
- 2.12. Abuse and exploitation of children and vulnerable adults is wrong. Keeping silent is also wrong; if it is known beyond doubt that a child or vulnerable adult is being abused or exploited it is essential to speak out to an appropriate authority.
- 2.13. MD Staff and Volunteers are encouraged to be open in discussing the potential of abuse.

Continued over.

3 DECLARATION OF COMMITMENT

To be signed by **all** Overseas Staff members and Volunteers 12 years of age and over to then be held in their MD head office file.

PLEASE NOTE your application will not be processed until we receive a signed copy of this form with your application.

I declare that:

1. I have read and understand the MD Child and Vulnerable Adult Protection Policy.
2. I will work within the procedure as laid out in the Child and Vulnerable Adult Protection Policy.
3. I have not been accused or convicted of any offence involving physical or sexual abuse of children, young people or vulnerable adults.
4. I understand that if a complaint is brought against me regarding the abuse of children or vulnerable adults while engaged in MD activities, the allegation will be thoroughly investigated in cooperation with the appropriate authorities.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Name