

# Team Application

## CONFIDENTIAL OVERSEAS SHORT-TERM TEAM APPLICATION FORM

PLEASE READ CAREFULLY \* PRINT CLEARLY

**WHICH TEAM/MONTH ARE YOU APPLYING FOR?**

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### PERSONAL CONTACT DETAILS

First name:		Last name:	
Address:			
City:	State:	Postcode:	
Home Phone: (    )		Work Phone: (    )	
Mobile Phone: (    )	Email Address:		
Current Occupation:			
Sex:    M / F	Age:	DOB: ____ / ____ / ____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			

### SKILLS

Why do you want to go on a team trip with Destiny Rescue?		
Have you ever been on a Destiny Rescue team trip? (please circle)	YES / NO	
If so, please give details about the team and year below:		
Please tick any experiences / skills you have:		
<input type="checkbox"/> Teaching	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Building
<input type="checkbox"/> Psychology	<input type="checkbox"/> Medical	<input type="checkbox"/> Creative Arts
<input type="checkbox"/> Counseling	<input type="checkbox"/> Musical	<input type="checkbox"/> Serving
<input type="checkbox"/> Nursing	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Other _____
Are you willing to use your skills/experiences to benefit Destiny Rescue?	YES/NO	

### PASSPORT DETAILS

First Names:	Last name:
Nationality:	Passport Number:
Date of Issue:	Expiry Date:

**PERSONAL PLANS**

Personal plans separate to your teams while in Cambodia/Thailand (e.g. stay longer, visit sponsor child )

**HEALTH**

What medications are you currently taking?

Do you suffer from any of the following (please tick):

<input type="checkbox"/> Migraines	<input type="checkbox"/> Back Problems	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Asthma
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other _____	

**If you answered OTHER, please attached a separate sheet with the relevant details**

Do you have valid health insurance or travel insurance for overseas? Please note it is <b>highly recommended</b> for all team members to have travel/health insurance.	<b>YES / NO</b> (please circle one)
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**If you answered YES to either please list provider and/or insurance no:**

**FOR THE PURPOSE OF PROTECTING THE CHILDREN IN OUR PROGRAMS WE ARE REQUIRED TO ASK THE FOLLOWING;**

**ELIGIBILITY**

Have you ever been investigated, involved with, charged or convicted in regards to:  
(please circle either yes or no)

Drug Offences <b>YES / NO</b>	Child Abuse/Molestation <b>YES / NO</b>	Sexual and/or violent misconduct <b>YES / NO</b>
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**If you answered YES to any of the above options, please attach a separate sheet with the relevant details**

Do you hold a current “working with children” clearance (e.g. QLD Blue Card)?  
**YES / NO**  
(if YES, please attach copy)

Do you hold a current ‘Police Clearance’? **YES/NO** (if YES, please attach a copy)

**NB: It is a mandatory requirement for all team member over 18 years old to have a “working with children” card or a ‘Police clearance’ check .**

**Religion/Faith (optional)**

Please describe your Faith/Religion if this is relevant for you:

NB: Destiny Rescue is a Christian Aid and Development Organisation. Our core values may differ from those of our donors, sponsors and team trip members; however our mission to end child slavery truly unites us.

**REFEREES**

Please supply the name and contact details of at least two (2) referees’ of standing in the community. If you attend a church please include a reference from your church leader/pastor.

**NB: A referee cannot be a family relation.**

	Referee #1	Referee #2
<b>Name:</b>		
<b>Home Phone:</b>		
<b>Mobile Phone:</b>		
<b>Email Address:</b>		

EMERGENCY CONTACT DETAILS FIRST PREFERENCE		
Contacts Full Name:		
Contacts Address:		
Mob:	Home ph:	Work ph:
Relationship to Volunteer:		

EMERGENCY CONTACT DETAILS SECOND PREFERENCE		
Contacts Full Name:		
Contacts Address:		
Mob:	Home ph:	Work ph:
Relationship to Volunteer:		

OBLIGATION STATEMENT	
I will make every effort to:	
<input type="checkbox"/> work harmoniously with other volunteers, missionaries and national workers	
<input type="checkbox"/> submit my own personal desires / standards (food, dress etc.) to the standard of the field	
<input type="checkbox"/> to demonstrate a flexible and compliant attitude, willing to follow instructions	
<input type="checkbox"/> meet all financial obligations prior to departure	
<input type="checkbox"/> <b>I declare all information disclosed in this application form to be true and correct and I have not withheld any relevant information</b>	
Print Name:	Date:
Signature:	Parents Signature (if applicant is under 18years old):

PRIVACY STATEMENT
<p>Your privacy is our priority. Destiny Rescue abides by the National Privacy Principles in all its dealings with members, volunteers and the public. All personal information you have provided will help us process your application to become a Destiny Rescue volunteer, and to provide you with a suitable placement, support, recognition and services if you are accepted. We may also use your information to inform you of opportunities to support and be involved in Destiny Rescue for research purposes or in reporting on or promoting (e.g. to you, the community, our supporters and funding bodies) Destiny Rescue services and programs. Wherever possible we will use data that does not identify individual volunteers.</p>

## IMPORTANT PLEASE READ

- ATTACH A PHOTO COPY OF YOUR CURRENT PASSPORT
- ATTACH REFERENCES FROM 2 REFEREES
- PRINT AND COMPLETE THE **LIABILITY INDEMNITY FORM**, THEN SCAN AND EMAIL TO [KERRY@DESTINYRESCUE.ORG](mailto:KERRY@DESTINYRESCUE.ORG)
- PAY A **DEPOSIT OF \$1500** UPON APPLICATION. PAYMENTS CAN BE MADE ONLINE BY DIRECT DEPOSIT. DESTINY RESCUE **BSB #: 034264 ACCOUNT #: 193569** PLEASE PUT YOUR FULL NAME IN THE REFERENCE FIELD.

ALTERNATIVELY, YOU CAN POST THE COMPLETED FORMS AND A DEPOSIT CHEQUE TO:

**DESTINY RESCUE**

**PO Box 6067, Maroochydore Q 4558**

N.B. only if you don't have access to email. Please allow 10 days delivery time.

## SHORT TERM TEAM MEMBER LIABILITY INDEMNITY FORM

THIS DEED is dated the \_\_\_\_\_ day of \_\_\_\_\_ between Destiny Rescue Inc, head office situated at Maroochydore in the state of Queensland (hereinafter referred to as “the authorised representative and organiser”) and Volunteer (full name) \_\_\_\_\_ (hereinafter referred to as “the team member”), of (address) \_\_\_\_\_

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### WHEREAS

1.The authorised representative and organiser has organised a project, hereinafter referred to as “the project” and the team member has entered into agreement to participate in the project on the terms and conditions hereinafter appearing.

### NOW THIS DEED WITNESSETH AS FOLLOWS:

1.The parties agree that except where it is expressly prevented at law then the team member will not in any manner whatsoever, in relation to the project, hold the authorised representative or organiser liable for any injury or damage to their persons or their properties irrespective of how such injury or damage shall occur and the team member expressly acknowledges that they are involved with this project entirely and solely at their own risk and that before becoming involved they took all necessary steps and precautions to ensure that they were fully aware of any risk associated with the project and the team member confirms it is entirely their responsibility to arrange suitable travel and/or any other insurances’ applicable and acknowledge that they have received advises to do so from the authorised representative or organisers.

2.Each Team Member agrees to indemnify Destiny Rescue against any damage caused to a third party directly by the volunteer him/herself in relation to the project.

3.Each Team Member agrees to maintain the highest standards of confidentiality with respect to any information obtained during the course of their volunteer work.

4.Each Team Member understands that they may be required to participate in a reference and background check.

Signed by the team member, (Name) \_\_\_\_\_ of  
(Address) \_\_\_\_\_ on this day, the \_\_\_\_\_ of \_\_\_\_\_ in the  
presence of (Name of JP/Solicitor) \_\_\_\_\_ of  
(Address) \_\_\_\_\_

\_\_\_\_\_  
\*Justice of the Peace / Solicitor

OFFICE SECTION

Signed by the authorised representative or organiser for Destiny Rescue Inc.  
(Name) \_\_\_\_\_ of the position of

\_\_\_\_\_ on

this day, the \_\_\_\_\_ of \_\_\_\_\_ in the presence of;

(JP/Sol) \_\_\_\_\_ of

(Address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Justice of the Peace / Solicitor