

# Overseas Volunteer

**CONFIDENTIAL OVERSEAS VOLUNTEER APPLICATION FORM**  
**PLEASE READ CAREFULLY \* PRINT CLEARLY**

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			

OVERSEAS VOLUNTEER POSITION		
What position are you applying for? _____ <input type="checkbox"/> Short term volunteer (less than 6 months) <input type="checkbox"/> Long term volunteer (more than 6 months) Please give your preferred starting date (month and year) _____		
If you are not applying for a particular job description, please specify what area/s you would be interested in being involved with (Please circle below examples).		
<b>Administration</b>	<b>Professional</b>	<b>Vocational training</b>
<input type="checkbox"/> General Administration	<input type="checkbox"/> Teaching	<input type="checkbox"/> Jewellery production
<input type="checkbox"/> Child sponsorship updates	<input type="checkbox"/> Psychology	<input type="checkbox"/> Sewing
<input type="checkbox"/> Policy and procedures	<input type="checkbox"/> Counseling	<input type="checkbox"/> Hairdressing
<input type="checkbox"/> Report writing	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Cafe
<input type="checkbox"/> Teams and volunteers	<input type="checkbox"/> Website/database	<input type="checkbox"/> Other _____
<input type="checkbox"/> Microloans project	<input type="checkbox"/> Other _____	<input type="checkbox"/> Rescue worker
What skills/experience do you have that will benefit this position at Destiny Rescue? _____ _____ _____ _____		
Why do you want to volunteer overseas with Destiny Rescue? _____ _____ _____ _____ _____		
Have you ever been involved with Destiny Rescue in the past?		YES /NO
If so, please give details about your involvement and time frame: _____ _____		

WORK HISTORY
Please give details of your employment history and work experience. Please include the name of the workplace, location, your position and length of employment.
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QUALIFICATIONS (if applicable)
<hr/> <hr/> <hr/>

RELIGION/FAITH			
<b>Please describe your Faith/Religion if this is relevant for you:</b>			
<hr/> <hr/>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">           Have you made a personal commitment to Jesus Christ? <b>YES /NO</b> </td> <td style="width: 30%; padding: 2px;">           In what year? _____         </td> </tr> </table>	Have you made a personal commitment to Jesus Christ? <b>YES /NO</b>	In what year? _____	
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Church Address: <hr/>			
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Telephone no:	Fax no:	Email:	
Church/ ministry involvement: <hr/> <hr/>			
<b>Please describe your testimony and beliefs:</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
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.			

HEALTH								
What medications are you currently taking?								
Do you suffer from any of the following (please tick):								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;"><input type="checkbox"/> Migraines</td> <td style="width: 25%; padding: 2px;"><input type="checkbox"/> Back Problems</td> <td style="width: 25%; padding: 2px;"><input type="checkbox"/> Heart Problems</td> <td style="width: 25%; padding: 2px;"><input type="checkbox"/> Asthma</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Allergies</td> <td style="padding: 2px;"><input type="checkbox"/> Diabetes</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> Other _____</td> </tr> </table>	<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 _____	
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<b>If you answered OTHER, please attached a separate sheet with the relevant details</b>								

TRAVEL INSURANCE	
<b>Do you have valid health insurance or travel insurance for overseas?</b>	<b>YES / NO</b>
Please note it is <i>highly recommended</i> for all overseas volunteers to have travel/health insurance.	
If you answered YES to either please list your provider and/or insurance no: _____	

ELIGIBILITY		
<b>FOR THE PURPOSE OF PROTECTING THE CHILDREN IN OUR HOMES AND PROGRAMS WE ARE REQUIRED TO ASK THE FOLLOWING QUESTIONS.</b>		
Have you ever been investigated, involved with, charged or convicted in regards to: (please circle answer)		
Drug Offences? <b>YES / NO</b>	Child Abuse/Molestation? <b>YES / NO</b>	Sexual and/or violent misconduct ? <b>YES / NO</b>
<b>If you answered YES to any of the above options, please attach a separate sheet with the relevant details.</b>		
Do you hold a current “working with children” clearance (e.g. QLD Blue Card)? <b>YES / NO</b> (if yes please attach a copy)		
Do you hold a current Police Clearance? <b>YES/NO</b> (if yes, please attach a copy)		
<b>NB: It is a mandatory requirement for all Destiny Rescue overseas volunteers over 18 years old to have a “working with children” card or a Police Clearance check.</b>		

PASSPORT DETAILS	
First Names:	Last Name:
Nationality:	Passport Number:
Date of Issue:	Expiry Date:

TRANSPORT	
Do you hold a current drivers license? <b>YES / NO</b>	
Drivers license number:	Expiry date:
Are you planning to buy or hire a motorbike or car during your stay? <b>YES /NO</b>	

REFEREES			
Please supply the name and contact details of at least three (3) referees. Please include your pastor or a previous employer as a referee. <b>NB: A referee can't be a family relation.</b>			
	<b>Referee #1</b>	<b>Referee #2</b>	<b>Referee #3</b>
<b>Full name:</b>			
<b>Relationship:</b>			
<b>Email Address:</b>			
<b>Home or Mobile phone number:</b>			

OBLIGATION STATEMENT	
<b>I will make every effort to:</b>	
<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 under 18 years old): _____

PRIVACY STATEMENT
<p><i>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.</i></p>