

PERSONAL DETAILS

Name: (Print your name as it appears on your passport)

Title

☐ Mr ☐ Mrs ☐ Ms ☐

First name(s)

name

Age:

[At time of departure]

Date of birth:

/ /

Gender:

☐ Male ☐ Female

Occupation:

Nationality:

Country of issue of passport:

***Passport Number**

***Passport expiry date**

**NB: Passport MUST be valid for 6 months beyond departure date. Please attach copy of photo ID page with application*

Home/Permanent Address:

Address for correspondence if different:

Postcode
Country

Postcode
Country

Email:

Type of address: ☐ Work ☐ University ☐ Other

Telephone:

Home:

Mobile:

Volunteer! Be the Change!

Application form

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GENERAL DETAILS

How did you hear about CYC Volunteer programme?

☐ CYC Publication ☐ Web ☐ Mailing ☐ Church ☐ Friend ☐ Media ☐ Other*

*Please provide details

Why are you interested in participating on a CYC Volunteer team?

Describe any previous experience on working in a volunteer situation or list any previous international travel experience:

What do you think you might find challenging/difficult when participating on a CYC Volunteer trip?

What do you think you bring to a team (teaching, photography, sports, games, writing, First Aid, interpersonal skills etc)

What are your hobbies/interests?

MEDICAL DETAILS (*confidential*)

Disclosure of your medical details does not necessarily prevent you from participating in a Volunteer team. Any hospital or medical practitioner not having access to your medical history may need the following information. These details will be confidential and only seen by your team leader, designated team medic and appropriate CYC staff.

Please list/provide:

Any **allergies** to medicine, food, bee stings etc...

Any **dietary** restrictions/special requirements

Current **medication** being taken and for what condition

Physical impairments

Do you suffer from epilepsy, asthma, back problems, other **chronic illness**?

Any serious heart, lung, kidney **problems or any major illness or surgery** in the last 3 years?

Work assignment may be strenuous. You should consult your doctor about joining a particular team.

Note: Team members **over 70** years of age, those having **sought medical attention recently** or those who **answered yes to the above** questions **may** be required to submit written permission from their doctor(s)

Date of last tetanus shot / / Do you wear contact lenses? Y ☐ N ☐

Your blood group

Other pertinent information

Team members are required to seek and take the advice of their GP regarding necessary vaccinations. Are you willing to take (and pay for) any necessary recommended immunisations and anti-malarial medication?

Y ☐ N ☐

In the event of an emergency we may need to contact:

Your next of kin (please provide ALL details):

Name:

Address:

Postcode:

Tel (Day):

Tel (mobile):

Tel (night):

Relationship:

Your Doctor (please provide ALL details):

Name:

Address:

Postcode:

Tel (Day):

Tel (night):

It is important that you inform CYC and your team leader of any prolonged illness or injury that occurs AFTER you have been accepted on a team and before your date of departure

REFERENCES

Please provide the details of two persons who may be asked to complete a reference for you, neither should be related to you but both should have knowledge of your abilities of working on a team or volunteer projects.

| | |
|----------------------|------------------|
| Name: | Name: |
| Relationship: | Relationship: __ |
| Address: | Address: |
| Day Phone: | Day Phone: |
| Email Address: _____ | Email Address: |

DECLARATION

Do you have any prosecutions pending or have you ever been convicted at a court or cautioned but the police for any offence?

Y ☐ N ☐

If yes, please provide details of all pending prosecutions, convictions, cautions, or blind over orders.

Because of the nature of the work you are applying for you are advised that under the provisions of the Rehabilitation of Offenders (NI) Order 1978 as amended by the Rehabilitation of Offenders (Exceptions) (Amendment) Order (NI) 1987 you should declare all convictions, including spent convictions.

I declare to the best of my knowledge that there is no reason why I would be considered unsuitable for team membership.

I declare I have read and agree with the information given in the enclosed information sheet and that all the information given is to the best of my knowledge and belief, full, true and correct.

Signed

Date

Data Protection

CYC will hold the content of this application on file but will not release the information to any third party .

Please note that CYC will only consider your application if all the following are complete or enclosed. Have you remembered to:

- ☐ **Complete all sections** of the application form
- ☐ Include a copy of the **photo ID page of your passport**
- ☐ Include a **signed waiver**
- ☐ Include a £100 non-refundable deposit
- ☐ Sign Gift Aid form attached (if applicable)

please return completed form to:

semsota@gmail.com