



Office use only Application No: Date received:
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VOLUNTEER APPLICATION FORM

1. PERSONAL DETAILS Please enter your full name as it appears on your passport

Note: Please ensure that your passport is valid for at least six months prior to departure overseas. Your passport information will only be used for flight, visa and insurance details, if your application is successful.

1.1 First Name		Surname	
Mr/Ms	Middle name	Date of Birth	
Home tel no		Mobile tel no	
Nationality as per passport		Passport Number	
Please provide your email address that you access regularly: this will be our normal means of contacting you. Email address:			
1.2 Next of Kin: Name			
Address			
Tel no		Mobile tel no	

2. PROGRAMME DETAILS

<p>2.1 Agreement: I understand that I will be required to sign an agreement with VLM, which if I sign it, I will abide by its terms. <i>Please confirm Yes X in the space [].</i> <i>(The Agreement will be provided to you prior to the first briefing.)</i></p>
<p>2.2 I confirm that I will be available for the Overseas Assignments Dates - from early June to end of August. (Dates to be finalised). <i>Please confirm Yes X in the space [].</i></p>
<p>2.3 Preparation: I understand that the voluntary work I am applying for will entail a time of orientation/preparation including formation in Vincentian spirituality.</p>



If selected for the assignment, I confirm that I will be available to attend the three Briefings and the two Debriefings weekends on Saturdays and Sundays. *Please confirm X in the space []*.

Three Preparation Briefings are scheduled for Sats/Suns during the months before departure – dates to be arranged. The Return Debriefings are scheduled during the months after return – dates to be arranged.

2.4 If selected for the programme, I confirm that I will be willing to abide by the VLM health, safety and security Policy. *Please confirm Yes X in the space []*.

2.5 I confirm that I will fundraise the required €3,000 to enable VLM to provide a place on the programme.
Please confirm Yes X in the space [].

2.6 On Overseas assignments: I understand that VLM volunteers live in the compounds and work under the aegis of the Daughters of Charity overseas and are answerable to the Provincial of the Daughters or her delegate.

I confirm that I will respect the ethos and community life of the Sisters. I will observe the rule that I will not invite private guests into the compound without permission. *Please confirm Yes X in the space []*.

2.7 This section is for VLM promotion Purposes. It will not be taken into account when considering your application.

Where did you hear about the VLM Volunteer Programme? Place X in the space.

Previous volunteer,[], poster [], flyer [], presentation [], website [], email [], friends [], other [] please specify.....

3. YOUR EDUCATION

3.1 Secondary School attended:

Town/city

Years attended

Leaving Certificate Results: ie numbers of higher and ordinary level subjects and points.

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Third Level Education (if applicable)

3.2 Name of University/College and years attended:
Course Title, Results and Year: eg BA English and History 2.2 in 2003

Postgraduate Education (if applicable)

3.3 Name of University/College and number of years of study
Course Title and results.

3.4 Other Qualifications or skills which you can bring overseas: academic, sport, music, computer, photography, languages, etc. Please list any other qualifications or achievements.

3.5 What level of knowledge do you have about the Developing Countries? Tick Box [] Very little [] primary school knowledge [] secondary school level [] or university level [] Where/how have you acquired this knowledge. Is there any particular aspect of your host country you would like to learn about while overseas?



4. WORK EXPERIENCE

Please give details of current and previous work experience

4.1 Name of employer / organisation	Dates Employed	Roles & Responsibilities

4.2 Voluntary work. Briefly describe any voluntary or service type work with which you may have been involved.

4.3 What are your hobbies and interests? Have you joined any clubs, teams? What has been your role in them?

4.4 Do you wish to add anything of relevance to your going overseas?

5. REASONS AND MOTIVATION IN GOING OVERSEAS

5.1 Why do you wish to volunteer to go overseas?

5.2 What do you want to give and to gain from the experience?

5.3 Why do you wish to go with VLM, a missionary organisation?



5.4 What do you want to give and to gain from going overseas with VLM?

5.5 In your opinion, what attributes should a volunteer have in going overseas?

To what extent do you think you have those attributes?

5.6 What experience do you have in living away from home? And outside Ireland? What lessons have you learned from this?

5.7 What are your two greatest achievements in your life? What did you learn from them?

5.8 What brings out the best in you? Working, or Studying/reading, or Socialising, or what?

5.9 What is your "natural" role when working with a group: leading, innovating, challenging, bridge-building, or other (please specify).....



6. HEALTH INFORMATION

VLM assures you that all health information submitted will be kept strictly confidential.

Are you willing to agree to the following in the VLM - Volunteer Contract?

6.1 Volunteers are required to obtain a medical certificate of fitness to travel and work in Ethiopia from their own doctors. However, VLM reserves the right to require such a certificate from a doctor designated by VLM.

Please confirm Yes X in the space that you accept this condition. [].

6.2 Volunteers are responsible for ensuring that they have taken the appropriate medical advice from their doctors in respect of the host country in which you will be based. In addition the Volunteers will arrange their own medical consultation in advance of departure for the host country with "tropical health care" providers as designated by VLM to obtain the required immunizations, inoculations, etc. You are responsible for arranging your own appointment with the medical services provider to obtain such immunizations, inoculations, etc in the appropriate period before arrival. The costs of same are included in the Assignment Fee.

Please confirm Yes X in the space that you accept this condition. [].

6.3 You are responsible for bringing all necessary medication or medical equipment (syringes, water sterilisation tablets, mosquito netting and malaria tablets) with you. Details of the recommended medical supplies that you should bring on your assignment, will be given to you at the Briefing.

Please confirm Yes X in the space that you accept this condition. [].

6.4 Insurance: I confirm that I will take out insurance (arranged by VLM or an agreed alternative) for the duration of my assignment. *Please confirm Yes X in the space [].*

6.5 Are you psychologically and physically fit to undertake a demanding overseas assignment?



Please confirm Yes or No by placing X in the space: Yes [] or No [].

If No, please explain.

6.6 Do you have any medical condition or special needs that VLM should be aware of?

Please confirm Yes or No by placing X in the space: Yes [] or No [].

If yes, has your doctor agreed that you are fit to go overseas?

Please confirm Yes or No by placing X in the space: Yes [] or No [].

6.7 Do you take any medication on a regular basis? Y/N. [].

Please confirm Yes or No by placing X in the space: Yes [] or No [].

If yes, for what reason?

6.8 Do you have any current or past psychiatric illness and /or have you ever suffered from symptoms of stress which interfered with your day-to-day activities and/or which resulted in your having to miss work?

Please confirm yes or no by placing X in the space: Yes [] or No [].

If yes, please explain.

7. ON MY RETURN

7.1 On my return, I confirm that, to the best of my ability, I will continue to support VLM for at least two years, through such as helping to recruit volunteers, fundraising, and supporting the build up of the organisation at home and overseas. *Please confirm Yes X in the space* [].

8. VLM CHILD, YOUNG PEOPLE AND VULNERABLE PEOPLE PROTECTION POLICY

8.1 In pursuance of general clearance checks you are requested to authorise the Vincentian Lay Missionaries to make a data protection request under Section 4 of the Data Protection Acts to the Garda Siochana, including in particular, in accordance with the VLM children, young persons and vulnerable persons protection policy, an application to the Garda Vetting Unit, Thurles, Co Tipperary, for any data they may hold relating to

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you. (See separate form)

Please confirm Yes X in the space [].

8.2. Can you confirm that there are no criminal convictions recorded against you in the Republic of Ireland or elsewhere or that no convictions appear on Garda records against you or that you have not been prosecuted, successful or not, pending or completed, in the State or elsewhere as the case may be?

Please confirm Yes or No by placing X in the space: Yes [] or No [].

If Yes, please give details.

9. DATA PROTECTION STATEMENT

9.1 VLM respects the privacy of your personal information. Information provided will be kept only for the purpose of processing your application. The details on this application form will not be disclosed by VLM to any external body unless VLM has your permission or is under a legal obligation to do so. The information provided may be disclosed by VLM to:

- Contractors performing background checks and other human resource management services for VLM
- Contractors performing web development and maintenance services for VLM.
- Regulators as required by applicable law or regulation.

Data will be controlled by the VLM Project Coordinator's Officer.

9.2 I have read and accept the conditions of the above data protection statement

(Place a Yes x in the box) []

10. REFEREES

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do one thing. do something.

Please provide the names of two referees who know you (family members excluded), who will confirm your suitability to volunteer with VLM and will confirm your freedom and suitability for working with children.. Please let them know you have nominated them as your referees. VLM reserves the right to contact referees during the recruitment process.

Referee 1 Name:	
Address:	
Telephone Number	Email Address:
In what capacity & how long has he/she known you?	

Referee 2 Name:	
Address:	
Telephone Number	Email Address:
In what capacity & how long has he/she known you?	

11. DECLARATION

11.1 I hereby confirm that I have completed this application myself and that all information provided within is accurate and correct.

Name:..... Date:.....

For Further information on who we and the wider Vincentian Family are. Web:

www.vincentians.ie ATSE school: (Addis Ababa): www.bruton.biz/atsi



do one thing. do something.

Email your application as an attachment to **info@vlm.ie** with your name and 'application'
in the subject title eg application of John.Murphy.21april 07.doc

8/4/08

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