



Return Volunteer Application

Please forward completed application to:
 The Volunteer Coordinator
 Postal: Volunteer Coordinator
 PO Box 6 Phrae 54000 Thailand
 Email: volunteers@mercy-international.com

Instructions for completing this form:

- PLEASE READ MANUAL TO BE WELL PREPARED
- All volunteers to supply a police check document.
- Each person of a family over the age of 18 years must complete a separate application form.
- Please take the time to complete the entire form, answering the questions honestly.
- Be concise, if you require additional space use additional paper.
- If you cannot answer the questions seek assistance from the Volunteer Coordinator.
- If you are coming to teach in Thailand, you are required by the Thai government to supply along with your police check document, a copy of passport & transcript of teaching qualifications.
- If your proposed volunteer role is at the Thai American Language Centre in Sisaket your visa requirements may differ. To avoid complications on arrival to Thailand please ensure you discuss this with the Volunteer Coordinator.

Application type: Single Family

Section 1: Applicant Details			
Given Names Mr/ Mrs/ Ms/ Miss/ Dr/ Other		Family Name	
Name Known By		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Address		Date of Birth	
Suburb/ Town	Postcode	Citizenship	
Passport Number		Passport Expiry Date	
1A: Contact Details (Please indicate the preferred contact via the tick boxes)			
Phone Number (including International dial codes) Home	<input type="checkbox"/>	Email	<input type="checkbox"/>
Work	<input type="checkbox"/>	Travelling Email address	<input type="checkbox"/>
Mobile/Cell	<input type="checkbox"/>	Other	<input type="checkbox"/>
What type of volunteer service are you interested in? (e.g child care, community development, construction)		Proposed commencement date and length of volunteer service:	
Preferred placement Where needed most		Reason for placement preference:	

Return Volunteer Application

Section 2: Family Responsibility

Do you have the full support of your family (partner, parents) pastor to volunteer with Mercy International/House of Mercy Foundation?

Have they raised any concerns with you about your capacity to undertake a long term volunteering opportunity?

2A: Marital Status

Single Separated

Engaged Married

Widowed Divorced

If you are married or engaged please list your partner's full name:

2B: Complete if you intend your children to accompany you.

Child's Name

Female Male Date of Birth (dd/mm/yyyy)

Child's Name

Female Male Date of Birth (dd/mm/yyyy)

Child's Name

Female Male Date of Birth (dd/mm/yyyy)

Child's Name

Female Male Date of Birth (dd/mm/yyyy)

Section 3: Health

List any current medical conditions that could affect your ability to live in a tropical climate

Current Health Conditions

-
-
-
-

Previous Health Conditions

-
-
-
-

Do you have any special dietary requirements?

Additional Health information

Sections 4: Finances

Note: All volunteers at Mercy International/House of Mercy Foundation (short and long term) are all self funded.

Are you prepared to raise your own finance to support yourself?

- Yes
 No (please provide details why)

How do you propose to raise your support?

Return Volunteer Application

 Please attach a separate sheet giving as much information as possible your reasons for returning to Volunteer with Mercy International / House of Mercy Foundation.

Section 5: Emergency Contact Nominee

Name

Relationship to Applicant

Telephone Contact Details (include international dial codes)

Contact Email Details

Home Telephone

Primary

Work Telephone

Alternative

Mobile/Cell Phone

Other

Section 7: Consent

(if you are under 21 years of age, please provide the following)

Father's Name

Contact Telephone Number

Mother's Name

Contact Telephone Number

Parents Email Address

Parents Email Address

Office Use Only

Application Received Date

Application Status Pending

Review and Advice from founders

Referee Progress

Referee 1 contacted

Date Contacted

Referee form received

Referee 2 contacted

Date Contacted

Referee form received

Referee 3 contacted

Date Contacted

Referee form received

Date Applicant informed

Application Assessed By

Additional Comments

Return Volunteer Application

Section 8: Declaration

I certify that to the best of my knowledge the information supplied by me in this application is complete and correct.

I agree not to hold Mercy International/House of Mercy Foundation, its officers, employees, or other agents liable for any injury, loss, damage or accident I might encounter while volunteering with Mercy International/House of Mercy Foundation in Thailand.

I realize and acknowledge that my participation as a volunteer with Mercy International/House of Mercy Foundation in Thailand may include risks and possible dangers. I am well aware that my travel to such a foreign country exposes me to such risks as accidents, disease, political unrest, injury from construction projects, and other calamities.

I will take out comprehensive Travellers and Medical Insurance prior to my departure and I understand that I will not be able to commence volunteering with Mercy International/House of Mercy Foundation until I have provided the policy details to the Volunteer Coordinator.

I hereby assume any risks such that might result from my travel to a foreign country and I unconditionally agree to hold Mercy International/House of Mercy Foundation, its officers, its employees or other agents blameless for any liability concerning my personal property that might be lost, damaged, or stolen while volunteering.

I hereby declare I do not have a police record anywhere in the world for child molestation, child abuse or mistreatment.

I have carefully read the above and I understand that my signature herein holds Mercy International/House of Mercy Foundation, its officers, employees, or other agents harmless for any liability for injury, damage, loss, accident, delay or irregularity in schedule.

Applicant Signature x	Date
Applicant Full Name 	
Witness Signature x	Date
Witness Name 	
Parent/ Guardian Signature x	Date
Parent/ Guardian Name 	

Information contained in this application will be kept private and confidential.

Thank you for completing the Volunteer Application Form.

Email complete forms - This page with signatures plus photo to be mailed to Volunteer Coordinator at Phrae address

Thank you.