|  |  |  |  |
| --- | --- | --- | --- |
| Date of application:  Dates of proposed volunteering: | | Position applied for: *Volunteer at The Centre* | |
|  Short-term (Less than 4 weeks)  Medium-term (4 weeks up to a year)  Long-term (A year or more) | | | |
| 1. Personal Details | | | |
| Name as on passport: | | | |
| Name you prefer / nickname: | | | |
| Gender: | | Passport number: | |
| Date of birth: Day Month Year | | | |
| Nationality: | | Country of residence: | |
| Marital status:  Single  Married  Widowed  Separated | | | |
| If married, name of spouse: | | | |
| Do you have any children: | | | |
| Please state the names, gender, date of birth of each: | | | |
| Occupation: | | | |
| Address: | | | |
| Telephone (Home): | | (Cell/Mobile): | |
| Skype: | | Email: | |
| Contact in Case of Emergency: | | | |
| Telephone: | | Email: | |
| Address: | | Relationship to person: | |
| **2. Education** | | | |
| Include vocational qualifications, secular and Christian: | | | |
| Name of Institution | Time period | | Qualification/Certificate |
|  |  | |  |
| **3. Language Abilities** | | | |
| Is English your first language? | | If no, what is? | |
| Speaking English:  Native  Good  Fair  Poor | | | |
| Written and Reading English :  Native  Good  Fair  Poor  Other languages spoken: | | | |
| **4. Teaching Experience** | | | |
| Do you hold a valid teacher’s certificate/qualification? (B.Ed., TESOL, TEFL) | | | |
| If yes, what subjects: | | | |
| Have you had experience in Teaching English as a Second/Foreign Language: | | | |
| If yes, where and for how long: | | | |
| **5. Work Experience** | | | |
| Employer | Time period | | Position and Responsibilities |
|  |  | |  |
| **6. Health** | | | |
| If you answer yes to any of the questions below, please give details. Please also attach a current doctor’s certificate. | | | |
| General health:  Excellent  Good  Fair  Poor | | | |
| Do you currently suffer from any illness, disability or allergy?  Are you currently taking medication for any medical conditions? If yes, please state condition and medication: | | | |
| If you feel there are any other specific health issues we should be aware of, please give details: | | | |
| Valid health and/or travel insurance is required before you travel. Please supply details of your insurance provider: | | | |
| **7. Criminal Record** | | | |
| Do you have a criminal record?  Over the last 5 years have you been investigated, involved with, charged or convicted regarding: Drugs, Child Abuse/Molestation, Sexual immorality, Homosexuality. If yes, on a seperate sheet please provide details. | | | |
| Will this affect your ability to travel? | | | |
| **8. Church Affiliation** | | | |
| Home Church: | | | |
| Address: | | | |
| Website: | | | |
| Pastor’s name:  Positions held in church:  Year of Salvation: | | Email address:  Year of Baptism:  Do you tithe to your church? | |
| ***Please download the Reference Form and have your current pastor/church leader and one other person (not family) fill it out and email back to us as soon as possible.*** | | | |
| **9. Christian Commitment** | | | |
| Please take a few moments to write a short testimony on how you came to Christ and the major influences on your spiritual growth (no more than 50 words): | | | |
| Write a brief description on what you believe your strengths and weaknesses of character are. | | | |
| Strengths: | | Weaknesses: | |
| Have you recently (past 5 years) been involved in:   Same-sex relationships   Using illegal drugs   Excessive consumption of alcohol | |  Eastern religions (Buddhism, new age, wicca)   Occult activity (such as tarot, transcendental meditation, ouija boards, spirit guides, etc.) | |
| **10. Ministry Involvement** | | | |
| What areas of ministry are you interested in being involved in? Please mark as many as you like: | | | |
|  University students   Children   Inner city   All of the above | |  Hill tribes   Human trafficking   Orphanages | |
| Please list your current areas of ministry involvement both with your church and outside of your church: | | | |
| **11. Overseas Missions / Volunteer Experience** | | | |
| List any missions / volunteer experiences you have had: | | | |
| Location | Time period | | Ministry focus With Whom did  go? |
|  |  | |  |
| **12. Other Interests and Accomplishments** | | | |
| Please list any that are applicable: | | | |
| Music (instrument and proficiency): | | | |
| Sports: | | | |
| Social: | | | |
| Hobbies: | | | |
| Other: | | | |
| **13. Experience/Skills/Trades** | | | |
| Please mark any that apply: | | | |
| ❑ Accounting / Bookkeeping  ❑ Administration / Secretarial  ❑ Carpentry  ❑ Computer / I.T.  ❑ Cooking | ❑ Mechanical  ❑ Medical  ❑ Musical  ❑ Plumbing  ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ❑ Teaching  ❑ Drama  ❑ Electrical  ❑ Arts/Graphic design |
| **14. General** | | | |
| Do you require us to set up accommodation?  *Please note: We have a list of recommended hotels if you would like to see it. We place many of our volunteers in a local hotel.* | | | |
| Intended length of stay (weeks / months / years): | | | |
| Expected arrival date: | | Expected departure date: | |
| ***Once your application is accepted, please forward a copy of your flight details as soon as possible.*** | | | |
| **15. Commitment**  Please state your financial ability to cover the cost of this trip: | | | |
| Will you commit to: | | | |
| Cooperate with other volunteers, missionaries and national workers.  Comply with The Centre standards and expectations as given in the Information Pack.  Work in whatever area your skill set is needed and submit to the leadership of the staff.  Meet all financial obligations for this trip, including cost on the field.  Protect yourself and others from physical and moral hazards. | | | |
| I declare all information disclosed in this application form to be true and correct. I have no withheld any relevant information. I authorize the investigation of the information contained in this application. | | | |
| Signed: | | Dated: | |
| **16. Release Statement** | | | |
| Will you please sign the following statement absolving the ministry of all liability during your time as a volunteer. If you are under the age of 16, please get your parents to sign on your behalf.  *As a volunteer at The Centre, I hereby release them from any liability or responsibility for injury to me of any kind, including but not limited to, bodily injury, emotional distress, or economic loss, that I may sustain, or may otherwise occur, while I am acting as a volunteer of my own free will.*  *I voluntarily assume any and all risks of being detained and / or incarcerated by the authorities of the country or countries where I travel while engaged in my voluntary duties on behalf The Centre. I agree to hold The Centre harmless in all respects if that should occur.* | | | |
| Signed: | | Dated: | |

Please download from the website, and send the reference form to 2 references.

\* Before you return your application, please ensure you have:

1. Answered all questions clearly and accurately
2. Prepared a copy of your passport photo page to send with this application form.
3. Requested references from 2 people, one being your pastor, the other being someone who knows you well but is not family or your best friend.

Please return by email to: [thecentrecm@gmail.com](mailto:centrethailand@gmail.com), or by mail to: The Centre, PO Box 177 CMU, Chiang Mai 50202, Thailand.