



VOLUNTEER STAFF APPLICATION FORM

ARK International Thailand



Application Form Guide

The following items must be submitted with all applications.

All the questions on the application must be completed. If a question does not apply to you, write N/A (not applicable) in the space provided.

Husbands and wives must complete separate application forms.

Please make sure you specify what period of time you are applying to be a Volunteer Staff.

1. APPLICATION FORM

The following application form is used when applying for any Volunteer Staff position with ARK International Thailand.

Please also note that all applicants must be 18 years old or above.

2. QUESTIONS

All questions must be answered on a separate sheet of paper and submitted with your application.

3. RELEASES All four releases must be signed before your application can be processed.

4. CONFIDENTIAL REFERENCES

A confidential reference form must be given to your YWAM Leader or Pastor/spiritual leader

Please request they complete the form and email to arkinternational@gmail.com.

Please list the name and address of each referee on a separate sheet of paper.

5. HEALTH INSURANCE / VISA

Please ensure that you discuss this with us before any visa application process is attempted.

ALL FORMS ARE TO BE SENT TO THE FOLLOWING:

**Email: volunteer@arkintl.org
Tel No: +66-02-745-9755**

**PO BOX 20
Thungsetti, Bangkok
Thailand 10263**

*Our preference would be via email.

Duration

I wish to be a volunteer staff for the following period
Minimum of 2 weeks – Maximum of 12 months

From

to

Day /month/year
/ /

Day /month/year
/ /

Your Name (in full for visa purposes)

Mr Mrs Miss Ms

Surname/Family Name/Last Name

First Name

Middle Names

Preferred Name

Contact Details

Permanent Address (include country & postcode)

Present Address (include country & postcode)

Telephone (include country & area code)

Fax (include country & area code)

Email (please print legibly)

Personal Details

Your Date of Birth

Age

Day /month/year
/ /

Gender Male Female

Place of Birth

Marital Status

Single Engaged Married

Separated Widowed Divorced

Spouse's Name (if applicable)

Date of Marriage (if applicable)

Day /month/year
/ /

Passport Details (n/a for AU & NZ citizens)

What is your Country of Citizenship?

Passport Number

Place of Issue

Date of Issue Date of Expiry

Day /month/year
/ /

Financial Support

Do you have sufficient finances to support yourself during your stay with us in Bangkok?

Yes No

Children

Do you have any children accompanying you?

Yes No

List the names, dates of birth of children accompanying you. Please include additional children and details on a separate sheet of paper.

Child One (Name)

Date of Birth

Day /month/year
/ /

Gender Male

Female

Child Two (Name)

Date of Birth

Day /month/year
/ /

Gender Male

Female

Emergency Contact

Mr

Mrs

Miss

Dr

Surname

First Name

Relationship (i.e. Father, Mother, Sister, etc)

Address (include country & postcode)

Home Telephone (include country & area code)

Work Telephone (include country & area code)

Fax

Email address

9. Home Church Information

Name of Church:

Pastor's Name:

Address:

Telephone Number (include country & area code)

Fax

Email Address

10. Job Experience & Skills

Please list any skills and job experiences you have. (i.e. proficiency in computer programming, nursing, cooking, etc.)

Languages you speak / read / write

11. Church Involvement & Spiritual Life

Please answer the following 2 questions on a separate piece of paper.

- i) Please describe your attendance and involvement with your local church.
- ii) Please describe your conversion experience and present spiritual relationship with the Lord.

12. Release of Liability

I do hereby release Youth With A Mission, Inc., its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by myself or other persons during my/their course of involvements with Youth With A Mission.

Signed

Dated

Day /month/year
/ /

13. Statuary Declaration

I hereby declare that:

- a) I have never been involved in, or convicted of violent, drug related, sexual assault or any other crime against a minor.
- b) I understand that spot checks may be carried out to verify the above and hereby give my permission for any police checks which might be necessary.
- c) I will provide police check from my home country & the countries I've lived in the last 5 years for more than 1 year.

Signed

Dated

Day /month/year
/ /

13. Statuary Declaration

I hereby declare that I am willing to be dismissed from ARK Thailand if I display behaviour that is not fitting for the roll as a Volunteer Staff.

Signed

Dated

Day /month/year
/ /

15. Acknowledgement of Financial Responsibility

I confirm that I understand payment of the required fees must be made on or before my arrival, unless otherwise arranged with leadership, and I agree to do so. I also confirm that I am fully aware of my financial obligations, both to the Lord and to Youth With A Mission. I therefore accept all responsibility for my fees and personal expenses incurred during my time and Youth With A Mission.

Signed

Dated

Day /month/year
/ /

16. Consent for Treatment

In the event of an emergency in which I am rendered unconscious and my nearest responsible relative or guardian cannot be contacted, I hereby agree to such treatment, anaesthetics and operations to be performed upon myself as in the opinion of the attending physician/s is deemed necessary.

Signed

Dated

Day /month/year
/ /

17. Declaration

I declare that all the information contained herein is true, correct and complete to the best of my knowledge.

Signed

Dated

Day /month/year
/ /



Volunteer Staff

Confidential Health Form

TO THE APPLICANT: This information is treated confidentially. Answer all questions in ink or by typing IN ENGLISH. Medical forms are also required for all accompanying dependents 16 years and older.

1. Proposed Start Date:

Day /month/year / /

2. Your Name

Mr Mrs Miss Ms

First Name

3. Personal History

Please answer all of the questions and comment on all questions with a "Yes" answer in the space provided below.

Have you ever had, or do you have, any of the following?

	Yes	No
Eating Disorders.....	<input type="checkbox"/>	<input type="checkbox"/>
Eye Trouble.....	<input type="checkbox"/>	<input type="checkbox"/>
Ear Trouble.....	<input type="checkbox"/>	<input type="checkbox"/>
Head Injury.....	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Headache.....	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells.....	<input type="checkbox"/>	<input type="checkbox"/>
Weakness.....	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis.....	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia.....	<input type="checkbox"/>	<input type="checkbox"/>
Allergic reactions to:		
Penicillin.....	<input type="checkbox"/>	<input type="checkbox"/>
Sulphonamides.....	<input type="checkbox"/>	<input type="checkbox"/>
Foods/Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>
Hay fever/Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>

Question 3 continued:

Skin Conditions (specify).....	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath.....	<input type="checkbox"/>	<input type="checkbox"/>
Heart trouble.....	<input type="checkbox"/>	<input type="checkbox"/>
Anaemia.....	<input type="checkbox"/>	<input type="checkbox"/>
High or low blood pressure.....	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatism/Arthritis.....	<input type="checkbox"/>	<input type="checkbox"/>
Back problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Dislocation of joints.....	<input type="checkbox"/>	<input type="checkbox"/>
Broken bones.....	<input type="checkbox"/>	<input type="checkbox"/>
Surgery.....	<input type="checkbox"/>	<input type="checkbox"/>
Appendectomy.....	<input type="checkbox"/>	<input type="checkbox"/>
Tonsillectomy.....	<input type="checkbox"/>	<input type="checkbox"/>
Hernia repair.....	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>
HIV positive.....	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A, B or C (specify).....	<input type="checkbox"/>	<input type="checkbox"/>
Stomach/Duodenal Ulcer.....	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice.....	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal trouble.....	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Diarrhoea.....	<input type="checkbox"/>	<input type="checkbox"/>
Chronic constipation.....	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease.....	<input type="checkbox"/>	<input type="checkbox"/>
Venereal disease.....	<input type="checkbox"/>	<input type="checkbox"/>
Tumour/Cancer.....	<input type="checkbox"/>	<input type="checkbox"/>
Counselling of any kind?(specify).....	<input type="checkbox"/>	<input type="checkbox"/>
FEMALES ONLY		
Irregular periods.....	<input type="checkbox"/>	<input type="checkbox"/>
Severe cramps.....	<input type="checkbox"/>	<input type="checkbox"/>
Excessive flow.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>

4. Mental/Nervous Disorders

If yes, please give details on a separate sheet including treatment and ongoing treatment/problems.

5. Medical Treatment

Please specify any condition that is currently under treatment by a doctor.

Do you or have you ever received any compensation for disability, from any source? Yes No

Please specify

6. Communicable Diseases

Have you ever had any of the following:

	Yes	No
Chickenpox.....	<input type="checkbox"/>	<input type="checkbox"/>
Measles (Rubella).....	<input type="checkbox"/>	<input type="checkbox"/>
Measles (Rubeola).....	<input type="checkbox"/>	<input type="checkbox"/>
Mumps.....	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis.....	<input type="checkbox"/>	<input type="checkbox"/>
Scarlet Fever.....	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis.....	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>

7. Family History

Have any of your relatives ever had any of the following?

	Yes	No	Relationship (eg father)
Arthritis.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma, Hay fever...	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy/Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart disease.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
HIV/AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney disease.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mental illness.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stomach disease.....	<input type="checkbox"/>	<input type="checkbox"/>	_____



Pastor/Pastoral Staff Reference

Volunteer Staff

Name of Referee

Return all forms to:
Email: **volunteer@arkintl.org**

Name of Applicant

Applicant Address
(include country & postcode)

The applicant named above has applied for admission to one of Youth With A Mission's ministries. YWAM is an international movement of Christians from many denominations dedicated to presenting Jesus Christ to this generation, to mobilizing as many as possible to help in this task and to the training and equipping of believers for their part in fulfilling the Great Commission. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your statement will help us to effectively meet the needs of the applicant should he/she be accepted into the Youth With A Mission ministry applied for.

1. Relationship With Applicant

What is your relationship to the applicant?

Pastor Other, please specify

How long have you known the applicant?

On a scale of 1 to 10, how well do you feel you know the applicant? (1 being very little, 10 being intimately)

1 2 3 4 5 6 7 8 9 10

How long has the applicant attended your church?

In your association with the applicant, what has been the level of commitment?

Faithful Inconsistent Other

Were you aware of the applicant's intention to participate in this program prior to receiving this form?

Yes No

2. Christian Experience

In your consideration, which of the following would best describe the applicant's Christian experience?

Mature Over-emotional
 Genuine & Growing Contagious
 Superficial

3. Personal Profile

Please describe in your own words how you would rate the applicant in the following areas:

Initiative _____

Social adaptability _____

Personal grooming _____

Concern for others _____

Financial responsibility _____

Leadership capability _____

Emotional stability _____

Ability to follow _____

Flexibility _____

Reliability _____

Co-operation _____

Self discipline _____

Ability to cope with stress _____

Moral standards _____

Temperament _____

Punctuality _____

Perseverance _____

Sound judgement _____

4. Problem Areas

Please circle words or descriptions if they apply to the applicant:

Impatient, intolerant, argumentative, domineering, critical of others, easily embarrassed, offended, discouraged, frequently worried, anxious, nervous or tense, given to moods, prejudiced toward groups/races/nationalities, addictive behaviour, unable to cope with stress, erratic in attitudes or actions.

If you have noticed any of these, or similar limitations in the applicant's life, please elaborate:

5. Responsibility

Is the applicant dependable and trustworthy with responsibility given to him/her?

Yes No

Please elaborate:

Does the applicant respond well to authority?

Yes No

Please elaborate:

6. Family Background

Please comment briefly on the applicant's family background (if known)

7. Additional Comments

Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary)

8. Recommendation

What is your overall evaluation of the applicant's promise as a Volunteer Staff?

- Definitely unsuited
- At this time, he/she is unsuited
- Good prospect, but I have some reservations
- Average prospect
- Above-average prospect
- Unusually exceptional prospect

9. Referee Information

I declare that the contents of this confidential reference are correct to the best of my knowledge

Name (block capitals please)

Address (include country & postcode)

Home Telephone (include country & area code)

Work Telephone (include country & area code)

Email

Signed

Dated

Day /month/year
/ /

Thank you for your assistance.
Would you like to receive further information about ARK International?

Yes No