

Attach
Photograph
here
please



Office use only
Ref: _____
Date received: _____
Interview date: _____

Volunteer Application Form

Please print clearly and answer all the questions.

<p>1. Title & Name: Mr/Miss/Mrs/Other: _____ First Name: _____ Surname: _____</p>	<p>7. Emergency contact/Next of kin Name: _____ Relationship to you: _____ Address: _____ _____ _____ Postcode: _____ Telephone: _____ Mobile: _____</p>
<p>2. Address: _____ _____ _____ _____ Postcode: _____ Telephone: _____ Mobile: _____ Email: _____</p>	<p>8. Emergency contact/Next of kin (2) Name: _____ Relationship to you: _____ Address: _____ _____ _____ Postcode: _____ Telephone: _____ Mobile: _____</p>
<p>3. Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____</p> <p>4. Date of Birth: ____ / ____ / ____</p> <p>5. Occupation: _____ _____ If a student: Where: _____</p> <p>6. Gender: M <input type="checkbox"/> F <input type="checkbox"/></p>	<p>9. Passport Information: Nationality: _____ Do you hold a current passport? Yes <input type="checkbox"/> No <input type="checkbox"/> If so what is the number: _____ Date of expiry: _____</p>

10. Medical Information

Are you on any medication? Yes
No

If Yes, which medication? _____

What is it for? _____

Have you (in the last few years) or are you receiving counselling? If so, please explain on a separate sheet.

What physical disabilities, if any, do you have?

Do you have any ongoing illnesses?

Are you a smoker: Yes / No

11. Dietary Information:

Are you a vegetarian? Yes
No

Do you have any food allergies or need a special diet?

Yes
No

If Yes, explain; _____

In certain countries it is important to eat the food provided (medically & culturally). Are you willing to eat food even if you don't like it?

Yes No

12. Qualifications

please list any qualifications you have

13. Reference: We may need to contact this person. Please do not ask a relative.

Occupation: _____

Name: _____

Address: _____

Postcode: _____

Contact Number: _____

14. Programme details

Which programme are you applying for?

Summer (2 weeks)

Autumn (2 weeks)

15. Interest

Why do you want to be part of the Rejuvenate Worldwide team?

16. Volunteer experience

Have you had any previous volunteer experience? (e.g. working in the community)

18. Skills

What are your skills, hobbies and interests?

17. What are your strengths and weaknesses?

19. Where/How did you hear about us?

Internet	<input type="checkbox"/>
Family/Friends	<input type="checkbox"/>
Posters/Flyers	<input type="checkbox"/>
School/Uni/Place of work/talk	<input type="checkbox"/>
Other _____	

20. "I HAVE READ, AND AGREED TO, REJUVENATE'S TERMS AND CONDITIONS. I UNDERSTAND THAT ALL PROGRAMME DETAILS MAY BE SUBJECT TO CHANGE, AND THAT A PLACE IS PROVISIONALLY HELD FOR ME ON THE AFOREMENTIONED PROGRAMME.

SIGNED:**DATE:****AGE:**

IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE CAN WE HAVE YOUR PARENTAL/GUARDIAN'S CONSENT OR THIS FORM WILL BE INVALID.

"I HEREBY GIVE CONSENT TO THE ABOVE NAMED PERSON'S APPLICATION FOR A PLACE ON REJUVENATE'S OVERSEAS PROGRAMME."

SIGNED:**DATE:****NAME:****RELATIONSHIP:**

"IN THE EVENT THAT MY IMAGE SHOULD APPEAR IN ANY PHOTOGRAPH TAKEN ON MY REJUVENATE PROGRAMME I HEREBY CONSENT TO ITS USE IN THE UK AND OVERSEAS." IF YOU ARE UNDER 18 YEARS OF AGE WE WILL NEED YOUR PARENTAL/GUARDIAN'S CONSENT.

SIGNED:

Return completed form to:

**Rejuvenate Worldwide Ltd
C/o 110 Warren Hill Road
Birmingham B44 8ET
West Midlands**

Tel: 07967-812-943**Website: www.rejuvenateworldwide.org.uk****Email: info@rejuvenateworldwide.org.uk**

YOU MUST READ THESE CAREFULLY BEFORE SIGNING UP FOR OVERSEAS PROGRAMMES

1. APPLICATION FOR AN OVERSEAS PROGRAMME IS MADE WITH REJUVENATE WORLDWIDE.
2. **APPLICANT AGE:** THE PROJECT STAFF WILL OFTEN ATTACH AGE RESTRICTIONS TO ITS OVERSEAS PROGRAMMES, AND RESERVES THE RIGHT TO REFUSE AN APPLICANT ON THE BASIS OF AGE. ONLY THOSE WHO WILL BE 16 YEARS OR ABOVE ON THE DAY THEY DEPART FROM THE UK AT THE START OF THE PROGRAMME MAY APPLY.
3. **APPLICANTS WHOSE FIRST LANGUAGE IS NOT ENGLISH:** THE OFFICIAL LANGUAGE OF ALL PROGRAMMES IS ENGLISH. ALL HEALTH & SAFETY BRIEFINGS WILL BE HELD IN ENGLISH, THEREFORE ALL PARTICIPANTS MUST BE ABLE TO UNDERSTAND THE BRIEFINGS AND SEEK CLARIFICATION WHERE NECESSARY.
4. **CRB CHECKS:** THE CHARITY WORKS WITH YOUNG PEOPLE FROM A WIDE VARIETY OF BACKGROUNDS AND EXPERIENCES AND THE CHARITY ASPIRES TO CONDUCT CRIMINAL RECORDS BUREAU (CRB) CHECKS ON ALL STAFF.
5. **MEDICAL DISCLOSURE:** THE APPLICANT MUST MENTION IN DETAIL ON THIS FORM ANY PRE-EXISTING PHYSICAL OR MENTAL HEALTH CONSIDERATIONS.
6. **APPLICATION REFUSAL:** THE CHARITY'S MEDICAL ADVISOR MAY NEED TO CONSULT THE APPLICANT ABOUT ANY MEDICAL ISSUES OR CONCERNS. THE CHARITY RESERVES THE RIGHT TO REFUSE AN APPLICATION IF, IN ITS OPINION, THE APPLICANT IS UNSUITABLE. THE DECISION OF THE CHARITY IS FINAL.
7. **FUNDRAISING TARGET:** EACH PARTICIPANT WILL BE SET A MINIMUM FUNDRAISING TARGET. THE CHARITY WILL PROVIDE SUPPORTING INFORMATION AND ASSISTANCE TO HELP THE PARTICIPANT REACH THIS TARGET. IF THE MINIMUM FUNDRAISING TARGET IS NOT RECEIVED BY THE CHARITY, THE PARTICIPANT WILL NOT BE ABLE TO JOIN THE PROGRAMME, EXCEPT AT THE DISCRETION OF THE CHARITY.
8. THE PARTICIPANT AGREES TO COMPLY WITH ALL GUIDANCE ISSUED BY THE CHARITY, AND TO ENTER INTO OTHER AGREEMENTS PROPOSED BY THE CHARITY, IN RELATION TO FUNDRAISING.
9. **WITHDRAWING FROM PROGRAMME:** IF THE PARTICIPANT WITHDRAWS FROM A PROGRAMME FOR ANY REASON, THE CHARITY MUST BE INFORMED IN WRITING. ANY FUNDS THAT HAVE BEEN RECEIVED BY THE CHARITY UP TO THIS POINT WILL BE TREATED AS DONATIONS TO THE CHARITY AND WILL NOT NORMALLY BE REFUNDABLE. NO PAYMENT ON WHICH TAX HAS ALREADY BEEN RECLAIMED UNDER THE GIFT AID SCHEME CAN BE REFUNDED. NO REFUND OF ANY KIND IS POSSIBLE IF THE PARTICIPANT CANCELS AFTER THE PROGRAMME BEGINS.
10. **INSURANCE:** INSURANCE, COVERING PERSONAL ACCIDENT, MEDICAL TREATMENT AND REPATRIATION, IS INCLUDED AS PART OF THE OVERALL MINIMUM FUNDRAISING TARGET UNLESS OTHERWISE STATED. THIS INSURANCE COVERS THE PERIOD FROM WHEN THE MAIN GROUP, EITHER STAFF VOLUNTEER OR PARTICIPANT DEPARTS FROM THE UK TO WHEN THE MAIN GROUP RETURNS TO THE UK. COVER IS NOT PROVIDED FOR PERSONAL EQUIPMENT OR MONEY.
11. **PROGRAMME CANCELLATION:** THE CHARITY RESERVES THE RIGHT TO CANCEL THE PROGRAMME WITHOUT PRIOR NOTICE. IN THIS EVENT, AN ALTERNATIVE PROGRAMME WILL BE OFFERED OR ALL FUNDS RAISED BY THE PARTICIPANT WILL BE RETURNED IN FULL. HOWEVER, IN THE EVENT OF THE CHARITY HAVING TO CANCEL DUE TO REASONS OUTSIDE ITS CONTROL, THE CHARITY RETAINS THE RIGHT TO DEDUCT FROM SUCH FUNDS A PROPORTION OF COSTS INCURRED.
12. **PROGRAMME ITINERARIES:** PROGRAMME SCHEDULES AND PROJECT INFORMATION PROVIDED SHOULD BE REGARDED AS A FAIR INDICATION OF WHAT R.W HOPE TO ACHIEVE; BUT THEY ARE IN NO SENSE A CONTRACTUAL OBLIGATION ON THE PART OF THE CHARITY. A FUNDAMENTAL CONDITION OF APPLICATION IS THAT THE PARTICIPANT APPRECIATES THE NEED FOR FLEXIBILITY AND UNDERSTANDS THAT R.W CANNOT ACCEPT RESPONSIBILITY FOR THE RESULTS OF DELAYS OR MODIFICATIONS. NO REFUNDS OF ANY KIND WILL BE MADE, NOR ANY LIABILITY INCURRED BY R.W, FOR STAGES OF THE ITINERARY INCLUDED IN THE ORIGINAL FUNDRAISING TARGET, WHICH MAY HAVE TO BE CHANGED OR CANCELLED.
13. **PARTICIPANTS BEHAVIOUR:** ACCEPTANCE OF A PLACE BY THE PARTICIPANT BINDS HIM/HER TO THE RULES AND PROCEDURES WHICH R.W OPERATES WITHIN ITS PROGRAMMES, AND THE PARTICIPANT AGREES TO ABIDE BY THE INSTRUCTIONS OF THE TEAM STAFF REPRESENTING THE CHARITY. ANY ILLEGAL ACT OR INAPPROPRIATE BEHAVIOUR BY AN INDIVIDUAL, THAT IN THE OPINION OF THE PROGRAMME STAFF IS DETRIMENTAL TO THE SAFETY AND WELFARE OF THE PROGRAMME, MAY RESULT IN THE PARTICIPANT BEING ASKED TO WITHDRAW FROM THE PROGRAMME, WITHOUT THE RIGHT TO A REFUND OF ANY KIND.
14. THE CHARITY OPERATES A NO DRUGS POLICY ON OVERSEAS & UK PROGRAMMES. THE CHARITY RETAINS THE RIGHT TO REMOVE ANY PARTICIPANT FROM A PROGRAMME IF IT DEEMS THAT THERE IS 'SUFFICIENT SUSPICION' THAT A PARTICIPANT HAS BEEN INVOLVED WITH DRUGS DURING THE PROGRAMME. THE CHARITY DOES NOT HAVE TO PROVE SUCH AN ACT HAS OCCURRED.
15. **NEXT OF KIN:** PARTICIPANTS ARE REQUIRED TO PROVIDE DETAILS OF AN APPROPRIATE NEXT OF KIN (NOK). IF AT ANY TIME R.W FEELS IT NECESSARY TO CONTACT THE NOK, R.W WILL FIRST SEEK, WHERE POSSIBLE, THE PERMISSION OF THE PARTICIPANT TO DO SO. HOWEVER R.W RESERVES THE RIGHT AT ALL TIMES TO SPEAK TO NOK WITHOUT THE PERMISSION OF THE PARTICIPANT.
16. **PROGRAMME ACTIVITIES:** EACH PERSON PARTICIPATES AT THEIR OWN RISK. THE CHARITY CANNOT BE RESPONSIBLE FOR ANY MISHAP TO A PARTICIPANT UNLESS SUCH MISHAP CAN BE SHOWN TO BE THE RESULT OF NEGLIGENCE BY THE CHARITY. THE CHARITY CANNOT TAKE RESPONSIBILITY FOR THE CONSEQUENCES OF STRIKES, WAR, SICKNESS, QUARANTINE, GOVERNMENT ACTION OR OF OTHER 'FORCE MAJEURE' CIRCUMSTANCES.
17. PARTICIPANTS SHOULD NOTE THAT THE PROGRAMMES, AND PARTICULARLY ANY TREKKING ACTIVITIES, ARE ADVENTUROUS AND THEREFORE, BY DEFINITION, INCLUDE AN ELEMENT OF HEALTH OR PHYSICAL RISK. THEY OFTEN TAKE PLACE IN REMOTE AREAS WHERE MEDICAL OR RESCUE FACILITIES MAY NOT BE IMMEDIATELY AVAILABLE. BY APPLYING, THE PARTICIPANT ACCEPTS THAT THEY ARE PREPARED TO ACCEPT SUCH CIRCUMSTANCES.
18. **PROGRAMME INFORMATION:** INFORMATION ABOUT INOCULATIONS, CLOTHING AND EQUIPMENT, CLIMATE ETC. IS GIVEN IN GOOD FAITH BUT THE CHARITY DOES NOT ACCEPT RESPONSIBILITY FOR THE VALIDITY OF SUCH ADVICE.
19. **PASSPORT:** EACH PARTICIPANT MUST HAVE AN INTERNATIONAL PASSPORT, VALID FOR AT LEAST SIX MONTHS AFTER THE END OF THE PROGRAMME.
20. **DATA PROTECTION:** THE PARTICIPANT AGREES THAT THE CHARITY MAY HOLD AND USE PERSONAL DATA ABOUT THE PARTICIPANT INCLUDING SENSITIVE PERSONAL DATA RELATING TO THE PARTICIPANT'S PHYSICAL AND MENTAL HEALTH AND THAT THE CHARITY MAY WHEN APPROPRIATE SHARE THIS INFORMATION WITH MEDICAL ADVISERS, INSURERS AND PERSONS INVOLVED IN THE OPERATION OF PROGRAMMES. THE CHARITY WILL USE SUCH INFORMATION IN ACCORDANCE WITH DATA PROTECTION LAW.
21. **GENERAL:** ON SIGNING UP TO A PROGRAMME THE PARTICIPANT AGREES TO ACCEPT THESE TERMS AND CONDITIONS. ANY FALSE STATEMENT OR MATERIAL OMISSION IN THE INFORMATION PROVIDED TO THE CHARITY BY THE PARTICIPANT IN ANY OF THE FORMS WILL ENTITLE THE CHARITY TO CANCEL THE PARTICIPANT'S APPLICATION OR END THEIR PARTICIPATION WITHOUT RIGHT TO REFUND OF ANY KIND.
22. SOLELY THE LAWS OF ENGLAND, NOTWITHSTANDING THE PARTICIPANT'S NATIONALITY, GOVERN THIS AGREEMENT AND IT IS ACCEPTED BY BOTH PARTIES THAT IN THE EVENT OF A DISPUTE, WHICH CANNOT BE RESOLVED AMICABLY, THE MATTER WILL BE REFERRED TO AN INDEPENDENT ARBITER OR TO A COURT IN ENGLAND.
23. THIS AGREEMENT IS NOT ENFORCEABLE BY ANYONE OTHER THAN THE PARTICIPANT AND THE CHARITY.