



# CULTIV8 2016 UGANDA / RWANDA

## Overseas Missions Volunteer

Instructions for applicant:

1. Complete the Application form in full. BLOCK CAPITALS please.
2. Attach a recent photograph to the application form.
3. Submit your completed application form to Fields of Life.
4. Please send reference forms to the referees to be posted back to FOL.

You can email or post your form: Email: [helen.darcy@fieldsoflife.org](mailto:helen.darcy@fieldsoflife.org)

Postal address: Fields of Life, CULTIV8 2016, 25 Carn Road, Portadown, Co. Armagh, BT63 5WG.

1. Personal Details	
Surname	Title
First Names	Preferred Name
Present Address	
Postcode	Country
Telephone (Home)	(Work)
Mobile	Fax
E-mail	

2. Further Details	
Date of Birth (DD/MM/YYYY)	Place of Birth
Gender (for accommodation purposes)    M ( ) F ( )	
Marital Status	
Nationality (visa purposes)	
Passport number	Passport issue date DD/MM/YYYY
Passport Expiry Date DD/MM/YYYY	Place of Issue
Full name (as in passport)	
Church	Denomination



**3. Your background (Spiritual Information)**

6. Please explain briefly your reason's for participating in this mission trip.

**4. Your Background (Work Experience and Talents)**

1. Present occupation

2. Educational Qualifications

3. Occupational & professional skills

Please tick areas in which you have work experience or qualifications.

<input type="checkbox"/> Accounting	<input type="checkbox"/> Building/Construction	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Computing	<input type="checkbox"/> Catering (Food Service)	<input type="checkbox"/> Electrician
<input type="checkbox"/> Evangelism	<input type="checkbox"/> Craft	<input type="checkbox"/> Graphics
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Marketing	<input type="checkbox"/> Medical
<input type="checkbox"/> Music	<input type="checkbox"/> Pastoral	<input type="checkbox"/> Photography
<input type="checkbox"/> Sports	<input type="checkbox"/> Tailoring	<input type="checkbox"/> Teaching
<input type="checkbox"/> Upholstery	<input type="checkbox"/> Other (please list below)	

**5. Legal**

Have you ever been convicted of a criminal offence?  Yes  No (please tick)  
 If so please give details (disclosure is subject to the Rehabilitation of Offenders Act 1974)

5. Legal	
Are there any criminal charges pending against you? ( ) Yes ( ) No (please tick) If so, please give details.	
Have you been disqualified in any way from working, or having contact with or near children ( ) Yes ( ) No (please tick) If so, please give details.	
If Fields of life require you to complete an Enhanced Disclosure Form, it will be provided. The Enhanced Disclosure Certificate shows details of spent and unspent convictions and cautions. It also clearly indicates whether the applicant is on the ISAs Childrens list or Vulnerable Adults list and therefore is barred from working with those groups.	

6. Medical Details	
Doctor's Name	
Address	
Postcode	Country
Telephone (Home)	(Work)
Mobile	Fax
E-mail:	
Please tick if you suffer or have suffered in the past from any of the following:	
Diabetes Y ( ) N ( )	Allergies, including drug & food Y ( ) N ( )
Asthma Y ( ) N ( )	Disorders/Stress/Phobias Y ( ) N ( )
Epilepsy Y ( ) N ( )	Depression/Nervous Disorders Y ( ) N ( )
Heart problems Y ( ) N ( )	Other Y ( ) N ( )
High Blood Pressure Y ( ) N ( )	
Skin disorders Y ( ) N ( )	
Arthritis/back or movement Y ( ) N ( )	
If yes to any of the above, please give details:	
Have you suffered from any tropical diseases in the past? Y ( ) N ( ) If yes, please give details below:	

**6. Medical Details**

Are you currently on any medication? Y ( ) N ( ) If yes, please give details below:

Will you have had any surgery within 12 months of your departure date? – If yes please provide details.

**Medical Declaration**

I hereby declare that the information herein is accurate.  
I will inform the Team Leader immediately of any change in medical circumstances between the date signed and the commencement of the overseas team.  
In the event of illness or accident requiring emergency treatment, I authorise the Team Leader/Co-Leader/FOL Staff member to sign on my behalf any written consent required by hospital authorities (in the case that I am unable to sign on my own behalf, or in the absence of my parent or guardian).

***Please note team members above age of 65 are automatically excluded from the policy. FOL HQ will also review and assess medical forms completed by team members and reserve the right, where medical conditions are deemed serious, to refuse cover under Group Travel and Personal Accident elements of the policy (the team member will however be able to enjoy the benefits of full Employer's Liability cover).***

**Data Protection Act 1998**

Fields of Life will hold personal data on its volunteers both in manual format and on its computer system. By signing this application form the volunteer consents to his/her personal data being obtained, stored and used by Fields of Life whilst working in a voluntary capacity. However, your details will be treated as confidential and will remain **only** with Fields of Life, and will not be passed on to any other organisation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

If under 18 year, please get parent or guardian to sign below:

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_



**Fields of Life  
CULTIV8 2016 UGANDA / RWANDA**

**Emergency Contact**

7. Emergency Details	
Surname	Title
First Names	Preferred Name
Relationship	
Present Address	
Postcode	Country
Telephone (Home)	(Work)
Mobile	Fax
E-mail	

- Please return the following forms to secure a place on the team for 2016.
- CULTIV8 2016 UGANDA / RWANDA Overseas Mission Application Form
  - Confidential Reference Forms x2
  - Emergency Contact and passport photograph.

Send to Fields of Life, CULTIV8 2016, 25 Carn Road, Portadown, Co. Armagh, BT63 5WG.