



International Children's Care UK
The Wycliffe Centre
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Bucks HP14 3XL

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Registered Charity No: 1099151

Volunteer Application Form

Complete as fully as possible, using **BLOCK LETTERS.**

● Section 1 - Your Personal Details

Name:				Surname:			
Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Date Of Birth:	Age:			
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Nationality:	Occupation:			

Please Feel Free To Contact Me:

Contact Address:					
					Postcode:

Telephone Number:					Mobile Number:		
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Email Address:					Website Address:		
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When is the best time to contact you?					
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Other Personal Details:

What languages do you speak?:					
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Your Religious Affiliation:					
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Passport Number:				Passport Expiry Date:		
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● Section 2 - The Project

Which project are you applying for?					
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How did you come to find out about this project?					
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Have you ever taken part in a similar project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
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Why do you want to be a part of this project and what do you hope to gain from it?					
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Section 3 - Your Health

Foreign travel always carries the risk of illness. You can never be 'too careful' when it comes to ensuring ones safety. Your safety and well-being on any ICC project is our number one concern!

Please complete this medical section carefully.

GP / Doctors Name:

Practice Address:

Postcode:

Telephone Number:

Are you in good health, without any recent, serious or chronic illnesses (Examples: diabetes, asthma, epilepsy)?

Yes

No

**Do you have any specific dietary requirements (eg: vegetarian, vegan)?
If yes, please tell us:**

Yes

No

**Do you have any allergies (eg: to foods, medicines, or vaccines)?
If yes, please tell us:**

Yes

No

If you know, please tell us your blood group:

Depending on where you are travelling, you will need to be immunised against certain diseases. The costs of these vaccinations will be your responsibility!

No matter which country you are travelling to, it is your responsibility to ensure that you are suitably immunised with the necessary vaccinations.

Do check with your local GP for a list of recommended vaccinations.

NOTE: You should also visit <http://www.traveldoctor.co.uk/tables.htm> in order to check required vaccinations.

Please list any prescription medication that you are currently taking (include any specific storage requirements that will be required during this project):

Emergency contact details at home, in-case we need to obtain more medical information, during the trip or simple need to contact your family.

Name: _____ **Relationship To You:** _____

Tel. Number 1: _____ **Tel. Number 2:** _____

Mobile: _____ **Email Address:** _____

I agree that the medical information I have supplied above is correct, and I will not hold ICC UK responsible should I fall ill, be mis-diagnosed or otherwise, due to this information being incorrect or me withholding information. I agree that ICC can contact my GP to obtain further information if absolutely necessary.

I understand that it is my responsibility to have the required vaccinations and I may be required to show proof of vaccinations (before travel). Should I fail to do so and choose not to have the suggested vaccinations, I do so at my own risk, with no consequences to ICC UK.

Signed:

Dated:

●Section 4 - Child Protection & Criminal Convictions

You will understand the great responsibility involved in working with children and young people, and the need to ensure their safety. By law all UK organisations which have staff or volunteers that come into contact with children and young people are required to obtain a Criminal Records Bureau (CRB) Search.

Shortly after receiving completing and returning this form, you will be given a CRB form which you must complete. If you do not receive such a form, please either contact the project coordinator if you know who that is, or simply call the ICC UK office on 0870 429 6884.

The CRB forms take approximately 4-6 weeks (sometimes much quicker) to process. Should you have any questions, please contact the ICC office on 0870 429 6884.

NOTE: If you are unsure whether you have the necessary time to complete the CRB form and have it processed, please contact the ICC office first.

Have you completed and have a valid CRB form already? If so, send it to us. Yes No

●Section 5 - Next Of Kin

In the event of serious illness or injury, we will need to contact your next of kin. Please provide details of a family member or someone else that we can contact in the event of an emergency.

Name:	Relationship To You:
Address:	
Postcode:	
Telephone. Number 1:	Telephone. Number 2:
Mobile Number:	
Email Address:	

●Section 6 - Declaration

Please review all the information you have provided in this application form. Ensure that you have completed all the relevant sections and that you have completed each section correctly and to the best of your knowledge. If you are happy that you have done this, please sign this declaration below.

I declare that the information supplied in this application form is correct & to the best of my knowledge.

I have made no attempts to conceal anything which I think may be of importance to this trip.

I agree that the appropriate authorities may have access and look into any CRB information obtained.

I agree for my medical information to be held by the ICC UK selected volunteer.

I will make provisions for the necessary immunisations to be carried out at my own expense.

I understand that the total cost of the trip is ultimately my responsibility and all cheques should only be made payable to 'International Children's Care UK' or 'ICC UK'. Failure to raise all the required funds by the required date may result in my allocated space being given to someone else. Refunds will be discretionary.

Signed:

Dated:

If you are under 18 years old, please ask your parent / guardian to complete the parental permission form over.....

Section 7 - Parental Permission

If you are under 18 years old, your parent or guardian must sign this section, giving their permission for you to be a part of this project / trip.

We/I _____ grant permission to International Children's Care UK for the participant below, to travel to the project for which they are applying. The date of the project is _____ to _____, inclusive. We/I authorize the named participant below to travel / ride in any vehicle designated by the said group organiser in whom care of the named participant below has been entrusted by me / us. I hereby take full responsibility for the actions of the named participant below, should he/she disobey or disregard any of the basic rule (or otherwise) set out by the said group organiser. We / I will not hold ICC UK responsible for any accident, injury (or otherwise) done / inflicted to the participant as a result of disobeying / disregarding any rules set out.

Signed:

Dated:

Important Information, complete carefully:

Name Of Participant:

Name Of Parent / Legal Guardian:

Name Of Parent / Legal Guardian:

Telephone Number Of Parent / Legal Guardian:

Address:

Postcode:

The End
Mail Your Application Back To Us Now!