

## Australian Mercy Volunteer Registration

Please note that this submission does not mean your application is approved. Please wait for acceptance notification before proceeding with other arrangements.

Please include with this completed application form	A registration fee of AU\$30	<input type="checkbox"/> Yes
	Recent photo of yourself	<input type="checkbox"/> Yes
	Security Check documentation	<input type="checkbox"/> Yes
	Passport photo page	<input type="checkbox"/> Yes
	Curriculum Vitae - if applicable	<input type="checkbox"/> Yes
	Medical Volunteer Registration (if applicable)	<input type="checkbox"/> Yes

### Personal Details

First Name:  
Middle Name:  
Last Name  
Gender: ☐ Male ☐ Female  
Date of Birth: Day Month Year

### Contact Details

#### Residential Address

Street:  
City / Town:  
State:  
Post Code:  
Country:  
Email:  
Phone No:

#### Mailing Address (if different)

Line 1  
Line 2:  
City / Town:  
State:  
Post Code:  
Country:

### Marital Status

☐ Single ☐ Engaged ☐ Married ☐ Widowed ☐ Divorced  
Spouses Name  
  
Childrens Names DOB: Day: Month: Year:  
Childrens Names DOB: Day: Month: Year:  
Childrens Names DOB: Day: Month: Year:

A separate application form is required for accompanying spouse and adult children.

### Passport Details

Country of Citizenship  
Passport Number:  
Expiry Date:  
Country and Place of Issue:

(Please include a copy of your passport photo page)

### Emergency Contact Details

Name:

Address:

Relationship to you

Tel no:

Mobile No:

Fax no:

Email:

### Work Experience and Qualifications

Have you previously been involved with Youth With a Mission or Australian Mercy?

☐ Yes ☐ No

If yes please list locations, dates and type of involvement.

Please list your educational and work experience.

Please attach a copy of your Curriculum Vitae-Resume if you have one.

Please list your specific skills that are particularly relevant to your volunteering with Australian Mercy.

Medical Volunteers: please note you must complete and submit an additional Form: AMV - Registration of Medical Volunteers and Staff.

How did you hear about Australian Mercy?

Australian Mercy is a Christian faith-based charity; please share your personal spiritual beliefs.

## General Health

Please answer all questions. Explain positive answers below or on a separate sheet of paper

How would you rate your overall health condition? ☐Excellent ☐Good ☐Fair ☐Poor

Are you currently under medical supervision? ☐Yes ☐No specify below:

Are you presently taking any medication? ☐Yes ☐No specify below:

Do you have any allergies to food or medication? ☐Yes ☐No specify below:

Do you have any special dietary needs? ☐Yes ☐No specify below:

Do you smoke? ☐Yes ☐No

*\*Please note smoking is discouraged whilst actively serving with Australian Mercy*

Do you now have, or have you in the last 12 months had any of the following?

Please mark if applicable and explain below.

☐Mental/Nervous Disorders

☐Diabetes

☐Tuberculosis

☐Depression/Anxiety

☐Hay Fever/Asthma

☐HIV

☐Epilepsy/Seizures

☐High/Low Blood Pressure

☐Cancer

☐Back Problems

☐Hepatitis

☐Eating Disorder

☐Other

Explanations for above:

*Australian Mercy may require a letter of recommendation from your doctor*

## References

We request that all team members provide a reference by their employer or pastor. The included reference form is to be completed by your referee and sent directly to Australian Mercy - Appendix A.

### Referee details

Name

Telephone No

Email

*You may wish to provide your referee with a stamped addressed envelope.*

## Police-Security Check

Obtain at your expense a National Police Check from your relevant authority and submit it with this application. You may supply an existing Police check if its less than 1 year old.

Police Checks must be provided in ENGLISH (or with official English translation) from your home country and any country you have lived in the last 5 years for more than 1 year.

We realise in limited situations it may be impossible to obtain a reliable Police check. If you are having trouble obtaining a Police check please let us know, as alternative check processes may be applicable, such as a village elder reference and statutory declaration.

Please note you may submit this application whilst waiting for your police check to be processed.

## Release of Liability

### Burial Release:

Australian Mercy takes volunteer welfare seriously and attempts to ensure adequate protection. Despite this whilst serving with Australian Mercy death needs to be considered.

The covering of legal matters related to death in the field should be covered by your travel insurance policy. If for some unforeseen reason your travel insurance does not cover the repatriation of remains then we ask that you empower us to arrange a burial of remains in the relevant overseas country. Australian Mercy does not commit to cover the costs of shipping the body to another country for purposes of burial or to cover costs of burial in the country of death. The volunteers' estate-family is responsible for all costs of burial, and or transportation home. It is also strongly advised that every individual, regardless of age, have a will.

### Burial Statement:

I agree that, in the case of my death while serving with Australian Mercy, Australian Mercy may carry out the burial in the location of the deceased. If my estate-family desires to have the body shipped home, my estate-family will ensure administrative functions and related expenses are covered. I hereby absolve Australian Mercy, all its staff, and associates of expenses related to burial, transportation etc.

☐Yes ☐No

### Release of Liability:

I hereby release Australian Relief and Mercy Services Ltd, its agents, employees, leaders and volunteer assistants from and against any liability claims, actions, proceedings, suits, costs, expenses, or demands whatsoever, not limited to liability arising for negligence and or breach of contract, arising out of any injury, illness, damage, or loss which may be sustained by said person during the course of involvement with Australian Mercy.

☐Yes ☐No

### Consent for Treatment:

I hereby agree to the performance of such treatment, anaesthetics, and operations as in the opinion of the attending physician is deemed necessary.

☐Yes ☐No

If applicant is under 18 years of age; signature of parent/guardian is also required

Initial here \_\_\_\_\_

## Statement of Intent

I acknowledge that Australian Mercy on different occasions works with people of all ages and I will conduct my behaviour in the best interest of everyone in their care.

I acknowledge that on acceptance I will be accountable to the Australian Mercy Board of Directors to report any incidents that I am aware of regarding the welfare of children and young people in the care of Australian Mercy.

I affirm I will provide a relevant security check and hereby give my permission for any other checks that may be deemed necessary by Australian Mercy.

I affirm I will notify a Board Member of Australian Mercy immediately upon becoming aware that any of the matters set out in these clauses has changed

Australian Mercy is obligated by law to report any allegations or incidents concerning the welfare of youth. Australian Mercy reserves the right to withdraw or prohibit a member from participation in activities due to alleged or proven wrongful conduct.

I have read this Statement of intent and understand and commit to its terms.

☐ Yes ☐ No

If applicant is under 18 years of age; signature of parent/guardian is also required

Initial here \_\_\_\_\_

## Images and Messages Statement

Use of images and messages

When photographing or filming, I must:

- Before photographing or filming, assess and endeavour to comply with local traditions or restrictions for reproducing personal images
- Ensure images and messages are honest representations of the context and the facts
- Before photographing or filming a child, obtain consent from the child and a parent or guardian of the child. As part of this I must explain how the photograph or film will be used
- Ensure photographs, films, videos and DVDs present children in a dignified and respectful manner and not in a vulnerable or submissive manner. Children should be adequately clothed and not in poses that could be seen as sexually suggestive
- Ensure file labels do not reveal identifying information about a child when sending images electronically.

I have read this Images and Messages Statement and understand and commit to its terms.

☐ Yes ☐ No

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Initial here \_\_\_\_\_

## Child Protection Statement

I agree that I will:

- Treat children with respect regardless of race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status
- Not use language or behaviour towards children that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate
- Not engage children in any form of sexual activity or acts, including paying for sexual services or acts, where under the law(s) applicable to the child (including Part IIIA of the Australian Crimes Act 1914 (Commonwealth) as amended), the child is below the age of consent or the act(s) are an offence under relevant laws
- Wherever possible, ensure that another adult is present when working in the proximity of children
- Not invite unaccompanied children into my home, unless they are at immediate risk of injury or in physical danger
- Not sleep close to unsupervised children unless absolutely necessary, in which case I must obtain my supervisor's permission, and ensure that another adult is present if possible
- Use any computers, mobile phones, or video and digital cameras appropriately, and never to exploit or harass children or to access child pornography through any medium
- Refrain from physical punishment or discipline of children (excluding my own children)
- Refrain from hiring children for domestic or other labour which is inappropriate given their age or developmental stage, which interferes with their time available for education and recreational activities, or which places them at significant risk of injury
- Comply with all relevant Australian and local legislation, including labour laws in relation to child labour
- Immediately report concerns or allegations of child abuse in accordance with appropriate procedures.
- When photographing children, or using photographs that I have taken of children; I will adhere to the Australian Mercy Image and Message Policy.
- I understand that the onus is on me, as a person to use common sense and avoid actions or behaviours that could be construed as child abuse.

<http://www.aifs.gov.au/cfca/pubs/factsheets/a142091>

I have read this Child Protection Statement and understand and commit to its terms.

☐ Yes ☐ No

If applicant is under 18 years of age; signature of parent/guardian is also required

Initial here \_\_\_\_\_

## Release of Information

I agree to allow Australian Mercy to use photos, video footage, quotes, or stories provided by me or obtained during my involvement with Australian Mercy on associated websites and advertising material.

☐ Yes ☐ No

I agree to allow Australian Mercy to use registration information; e.g. name, country of origin, home state and photo, provided by me for internal administrative use such as and including airport pickups, and photo boards.

☐ Yes ☐ No

No information gathered in this form will be used by Australian Mercy for commercial purposes except as described above.

If applicant is under 18 years of age; signature of parent/guardian is also required

Initial here \_\_\_\_\_

## STATEMENT OF COMMITMENT

As a co-worker, I will freely and voluntarily dedicate my labour and talent to Australian Mercy and their effort to pursue their goals and aspirations of community service.

I recognise that I have the responsibility to relate to my fellow workers and beneficiaries with mutual love, respect, accountability and care. I agree to abide by the spirit of these values while I am serving with Australian Mercy.

I recognise that it is a privilege to be serving with Australian Mercy and that I will continue to enjoy this privilege on the basis that Christian values and common decency are upheld. I will hold myself accountable to the Australian Mercy leadership and biblical standards of moral conduct; I agree that any verified moral violation will be considered grounds for disciplinary action that may result in my being sent back to Australia or my country of origin. Therefore I will conduct myself in the local community as an ambassador of Australian Mercy.

I am not aware of any physical or mental health factors other than those completed on the General Health section of this form. I understand that in the process of assessing my application; consideration will be given to any such health factors, as well as my character profile and recommendations from referees.

I understand that if I am an international applicant, my visa application may be refused by authorities, despite the fact that I have paid the application fee and supplied all required documentation. I agree that if my visa application is not successful I will not enter into correspondence with the diplomatic post or Australian Mercy regarding visa application charges.

I am fully aware of my financial obligations to Australian Mercy. I therefore accept all responsibility for my personal expenses incurred during my involvement with Australian Mercy. I understand that as a volunteer I will not receive any remuneration for my services.

I have read this Statement of Commitment and understand and commit to its terms.

☐ Yes ☐ No

If applicant is under 18 years of age; signature of parent/guardian is also required

Initial here \_\_\_\_\_

## Statutory Declaration

I hereby declare that:

1 I affirm I have never been involved in, charged or convicted for child abuse, sexual misconduct or harassment, other forms of harassment or acts of violence

☐ Yes ☐ No

2 I affirm I have not had any disciplinary proceedings brought against me by an employer, sporting organisation or similar body involving child abuse, sexual misconduct or harassment, other forms of harassment or acts of violence

☐ Yes ☐ No

*If you answered No to any of the above please specify details on a separate sheet of paper.*

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.

I acknowledge that this declaration is true and correct. .

### Applicant

First Name:

Middle Name:

Last Name:

Signature:

Date (DMY)

### Parent/Guardian Declaration If applicant is under 18 years of age; signature of parent/guardian is also required

I have read and understood the declaration provided above. I confirm and warrant that the contents of the declaration above as provided by my child or a child under my guardianship are true and correct in every particular

#### Parent/Current Guardian

Relationship

First Name:

Middle Name:

Last Name:

Signature:

Date (DMY)

### Witness (authorized to witness a statutory declaration)

First Name:

Middle Name:

Last Name:

Signature:

Position

Date (DMY)

For information on who can witness a statutory documentation see:

<http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx>



## Authorisation and agreement

### Applicant

I certify that all the information provided in this form is true and accurate to the best of my knowledge and belief. I understand that if any information given is found to be false or I fail to meet my commitments as set out it could result in my removal from involvement with Australian Mercy and related projects.

First Name:

Middle Name:

Last Name:

Signature:

Date (DMY)

### Parent/Guardian Declaration If applicant is under 18 years of age; signature of parent/guardian is required

I have read and understood the information as listed above. I confirm and warrant that the contents of the sections above as provided by my child or a child under my guardianship are true and correct.

Name of Parent/Current Guardian

Relationship

First Name:

Middle Name:

Last Name:

Signature:

Date (DMY)

## Character Reference – Appendix A

Please return this reference to:

Australian Mercy  
PO Box 132  
Port Kembla NSW 2505



You can also contact us on  
Ph: 02 4274 1090 Fax: 02 4274 9909  
email: [info@australianmercy.org](mailto:info@australianmercy.org)  
<http://australianmercy.org>

Thank you for your assistance with this reference, your time and consideration is appreciated.

Applicants Name

Referee Details

First Name:

Last Name:

Phone:

Email:

In what capacity do you know the applicant?

☐ Professor/Dean/Teacher/Educator

☐ Supervisor/Employer/Administrator

☐ Colleague/Co-worker/Cohort

☐ Other Professional Reference

☐ Minister/Counselor

Through which organisation (company) are you acquainted with the applicant?

How well do you know the applicant? ☐ Very well ☐ Fairly well ☐ Acquaintance

Are you aware of any past criminal conviction, or any pending court case that affects this person ☐ Yes ☐ No

Would you recommend this individual for acceptance by Australian Mercy? ☐ Yes, unreservedly ☐ Yes ☐ No

Please circle the appropriate response scale 1 - 4, with 4 being the best performance, 1 being the lowest  
Excellent = 4 Good = 3 Needs Improvement = 2 Unsatisfactory = 1 n/a = Not Applicable or Not Observed

### Personal traits and characteristics

demonstrates flexibility and adaptability	4	3	2	1	n/a
positive self-confidence	4	3	2	1	n/a
displays integrity	4	3	2	1	n/a
is reliable	4	3	2	1	n/a
positive sense of humor	4	3	2	1	n/a
demonstrates emotional maturity	4	3	2	1	n/a
demonstrates creativity	4	3	2	1	n/a
displays initiative and motivation	4	3	2	1	n/a

**Professional appearance and conduct**

uses appropriate appearance	4	3	2	1	n/a
uses appropriate language	4	3	2	1	n/a
good work ethic	4	3	2	1	n/a
willing to learn new tasks	4	3	2	1	n/a
makes sound decision	4	3	2	1	n/a
has respect for authority	4	3	2	1	n/a
follows directions	4	3	2	1	n/a
demonstrates leadership abilities	4	3	2	1	n/a
respects confidentiality	4	3	2	1	n/a
displays time management skills	4	3	2	1	n/a
displays organizational skills	4	3	2	1	n/a

**Relationships/interactions with others**

good listening skills	4	3	2	1	n/a
leadership abilities	4	3	2	1	n/a
works well with children	4	3	2	1	n/a
respects confidentiality	4	3	2	1	n/a

Further information you would like to add that may be of assistance to assessing the applicant's suitability for volunteering with Australian Mercy.

*We would like to add your details to our database to receive further information-news from Australian Mercy. If you DO NOT wish to receive this please check this box ☐*