

ROTARY AUSTRALIA WORLD COMMUNITY SERVICE LTD.
ABN 37 739 341 003

ACTIVITY **REGION**
F.A.I.M. / I.P.A.C. / S.W.S.L./ R.A.M.

VOLUNTEER APPLICATION FORM

APPLICANTS MUST BE OVER 18 YEARS OF AGE.

SURNAME GIVEN NAMES AGE
MALE / FEMALE.

ADDRESS POST CODE

PHONE (HOME) (WORK)

ROTARIAN / NON ROTARIAN

MEMBER OF THE ROTARY CLUB OF DISTRICT

PREFERRED DATES OF VOLUNTARY SERVICE

PERIOD IN EXCESS OF 14 DAYS YOU WISH TO RENDER VOLUNTARY SERVICE
.....

NUMBER OF DAYS REQUIRED FOR SIGHTSEEING FOLLOWING SERVICE

OCCUPATION

TRADE, PROFESSIONAL OR HANDYMAN SKILLS AND EXPERIENCE
.....

LIST PARTICIPATION IN ANY PREVIOUS WORLD COMMUNITY SERVICE VOLUNTEER PROJECTS
.....

LIST IN ORDER THE PROJECTS IN WHICH YOU WOULD LIKE TO PARTICIPATE
.....

CONTACT WHILE VOLUNTEER IS AWAY ON PROJECT

NAME ADDRESS

POSTCODE PHONE

NATIONALITY OF VOLUNTEER PASSPORT NUMBER EXPIRY DATE

PLEASE INDICATE WHO IS RESPONSIBLE FOR COSTS AND AMOUNT :

1. VOLUNTEER (OR) \$
2. ROTARY CLUB (OR) \$
3. OTHERS \$

A statement from your Doctor on the R.A.W.C.S. form will be required if your application is accepted and you are allocated to a project.

VOLUNTEERS SIGNATURE DATE

PRESIDENT OF THE ROTARY CLUB OF

SIGNATURE DATE

**Please answer all questions and complete the AGREEMENT
ROTARY AUSTRALIA
WORLD COMMUNITY SERVICE LTD.
ACN 003 444 264**

**AGREEMENT IN RESPECT TO THE APPLICATION FOR
VOLUNTARY SERVICE COMPLETED OVERLEAF.**

An agreement made this day of 20
between Project Co-ordinator ofRegion
for and on behalf of the said R.A.W.C.S. Limited organisation of the one part and
of.....(herinafter called the Volunteer) of the other part.

In consideration of being selected as a volunteer for World Community Service by R.A.W.C.S. Limited the volunteer agrees as follows:

1. The Volunteer has agreed to voluntary assist R.A.W.C.S. Limited in the capacity of under supervision consistent with his / her expertise in relation to the task allotted to him / her.
2. The Volunteer agrees that he / she is a volunteer and this agreement cannot be construed in any way so as to be termed a contract of employment or create the relationship of master and servant.
3. The Volunteer agrees to indemnify the R.A.W.C.S. organisation, its successor, its members and / or Officers and any other organisation of Rotary International, Rotary Districts, Rotary Club and / or Rotarian or person acting on behalf of any of the same from all claims of whatever nature brought by himself / herself or any other person arising from any personal injury, sickness, accident, death or loss of any kind however caused and whether by negligence or otherwise suffered in the course of his / her service in respect of this agreement or arising out of anything incidental hereto or any travel associated herewith. It is further agreed that it is the Volunteer's own responsibility to make his / her own arrangements for insurance cover in respect of any injury, sickness, death or loss as described above.
4. The Volunteer further acknowledges that he / she will be entering a malaria area and undertakes to follow the recommendations and advice of his / her medical practitioner to take preventative measures and to take all recommended and appropriate medication as recommended prior to his / her departure, during his / her stay in the said area and after his / her return to Australia.
5. The Volunteer warrants that he / she is fit and able to undertake the World Community Service Programme as set out for the project and to enter the particular area and to undertake travel to and from the area in which the project is to take place and that he / she has obtained independent medical advice.
6. All indemnities given by the Volunteer herein shall be binding on his / her Executors and Administrators.
7. The Volunteer acknowledges that he / she has satisfied himself / herself as to all the physical and other requirements relating to undertaking the project for the World Community Service Programme as set out herein.

SIGNED WITNESS
(volunteer)

SIGNED WITNESS
(Project Co-ordinator for above
R.A.W.C.S. Activity)
ROTARY AUSTRALIA

WORLD COMMUNITY SERVICE LIMITED
ACN 003 444 264

HEALTH FORM FOR PROJECT VOLUNTEERS (F.A.I.M./I.P.A.C./S.W.S.L.)

ACTIVITY.....REGION.....
(F.A.I.M; I.P.A.C.; S.W.S.L.; R.A.M.

PROJECT.....LOCATION.....

Brief description of work and travel.....

.....
.....

Dear.....Date.....

Thank you for your offer to help in the above project. As projects may be located in isolated areas, it is important that you have no significant existing health problems.

Would you please complete the health statement and ask your usual medical practitioner to complete the statement in the space provided on the back of this page.

Regards,

..... (Project Co-ordinator)

PERSONAL HEALTH STATEMENT

By signing this document below I honestly declare that:

I am currently fit to participate as a F.A.I.M./I.P.A.C./S.W.S.L. volunteer and do not suffer from any illness, ailment or incapacity that may prevent me completing my volunteer duties.

I realise that the project for which I am a volunteer, may be located in isolated areas, and communications may be non-existent.

I realise that transport back to base may only be available at pre-arranged times, i.e., end of project. Also, I realise there is a risk of getting malaria, even if right preventative measures are followed.

Please indicate if you have, or have had, any of the following health problems.
Answer YES or NO

- | | |
|-------------------------------------|--|
| 1. Heart and circulation condition | 2. Lung or chest condition..... |
| 3. Kidney or prostate condition | 4. Diabetes..... |
| 5. Skin disease | 6. Allergic reaction..... |
| 7. Bone or joint problems | 8. Malaria (if YES,when?)..... |
| 9. Brain or nervous system problems | 10. Stomach or digestive problems..... |

Previous surgical operations.....

Medications taken at present.....

Special dietary requirements.....

Any further comments.....

.....
Volunteer's signature

Date.....

MEDICAL REPORT:

Dear Doctor,

Your patient has volunteered to work for a Rotary Overseas Aid Project, in a non paid capacity, for a period of.....days / weeks.

These projects may be located in very isolated areas and a walk of some hours in hilly, tropical jungle may be necessary. Also some hard work will be involved.

Communications may be non-existent and transport back to base may only be available at pre-arranged times, i.e., at the end of the project.

In spite of preventative measures, malaria may be contracted.

Would you please give your professional consideration on your patient's health?

REPORT:

Age Height Weight..... Blood pressure.....

Has your patient ever suffered from:

- | | | |
|-------------------|-------------------------|-------------------|
| 1. Allergies..... | 2. Asthma..... | 3. Arthritis..... |
| 4. Diabetes..... | 5. Epilepsy..... | 6. Hernia..... |
| 7. Malaria..... | 8. Mental disorder..... | 9. Ulcers..... |

Has your patient had any disease, impairment, or abnormality of:

- | | |
|--------------------------------|---------------------------------|
| 1. Eyes or sight..... | 2. Ears or hearing..... |
| 3. Heart or blood vessels..... | 4. Gastrointestinal Tract..... |
| 5. Genito-Urinary system..... | 6. Lungs..... |
| 7. Bones and joints..... | 8. Brain or nervous system..... |
| 9. Blood..... | 10. Endocrine system..... |
| 11. Skin..... | |

If YES to any of above, please give details:

.....

Please list previous surgical operations:.....

.....

Current medications:.....

.....

On consideration of the above, do you consider the volunteer physically well enough to cope with this project? YES / NO

Other comments.....

Medical Practitioner's signature.....

NAME.....

ADDRESS.....

PHONE..... DATE.....