

AGAPE HOME VOLUNTEER CARE-GIVER APPLICATION FORM

Please print or type.

NAME: _____
(FIRST) (MIDDLE) (LAST) (PREFERRED)

ADDRESS: _____

E-MAIL ADDRESS: _____ **PHONE:** _____

PASSPORT #: _____ **DATE OF EXPIRY:** _____

NATIONALITY: _____

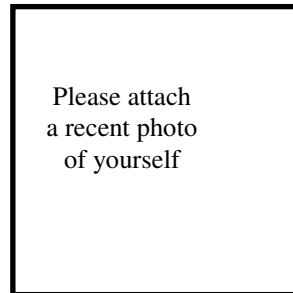
DATE OF BIRTH: _____

PLACE OF BIRTH: _____

MARITAL STATUS: Single/Married/Separated/Divorced/Widowed/
Defacto/Boyfriend/Girlfriend/Engaged

NO. OF CHILDREN: _____

DO YOU HAVE A POLICE RECORD? Yes / No
(Please note....up to date police record is required)



EDUCATIONAL HISTORY

Secondary/High School or equivalent from which you graduated:

Name: _____ Location: _____

Date of graduation: _____

College/University from which you graduated:

Name: _____ Location: _____

Date of graduation: _____ Major: _____

(Please continue any of the following questions on a separate sheet of paper if needed.)

It is very important to us that people feel lead to Agape Home specifically, please describe that leading to us and also why you are considering volunteering at Agape Home.

Please describe any cross-cultural or community working & living experiences you have had. If you decide to live in the Agape Volunteer house you will be living with people from all over the world.

We are looking for people to volunteer with us who have a passion and a heart for children. Please describe any experience with children:

What is it that makes you want to volunteer in an orphanage for children with HIV/AIDS? Please also describe any experience you have had working with HIV/AIDS

Please list three of your strengths and three of your weaknesses:

We all have weaknesses that we are well aware of, this section is to give us a more balanced view of you as a person. Please be thoughtful and honest in your answer to this question.

Please list any special skills, talents or hobbies that you have.

TIME AT AGAPE

Time of proposed commitment at the Agape Home:

Beginning Date: _____ Ending Date: _____

How did you hear about the Agape Home?

How will you be supported while volunteering at Agape?

Have you visited Thailand before? When?

What are your preferred plans for accommodation while volunteering at Agape?

*volunteer's residence near Agape Home

*guesthouse

*staying with relatives/friends

*other _____

The following are a list of duties that are done routinely at the Home. Please check which ones you feel that you would like to do during your time here.

* hold the babies

* change clothing

* play with the children

* wash diapers

* fold laundry

* feed babies

* change diapers

* give baths

* take the children for walks

* hang out laundry

* sweep the floor

* take temperatures

Are you able to obtain information about HIV/AIDS before you come to Thailand and acquire some basic knowledge of necessary precautions, symptoms etc?

This is very important as we are all responsible for our own knowledge of HIV/AIDS.

Although we do not require our volunteers to be Christians, the majority of the people who come to work with us are Christians. Have you ever made a commitment to Jesus Christ? Please write your testimony below.

Church activities you are involved in:

Religion: _____ **Church:** _____

Pastor: _____ **Pastor's Email address / Phone No:** _____

If you are not a Christian, are you comfortable living and working in a community guided by Christian principles? This includes times of devotion, worship and prayer with the children and the nannies while you are on shift.

CROSS CULTURAL EXPERIENCE

Have you travelled overseas alone before? Yes/No

Do you speak a foreign language? _____

Are you willing to study the Thai language? Yes/No

(NAME - PLEASE PRINT)

SIGNATURE

(DATE)

PLEASE COMPLETE THIS FORM AND RETURN IT TO:

**AGAPE HOME
PO BOX 95
CHIANG MAI 50000
THAILAND**

PHONE: 66-53-351 177 / 66-53 351-178

FAX: 66-53 396 751

E-MAIL: agape@nikkisplace.org

Please note – submission of an application does not imply acceptance to a position at the Agape Home

All decisions are made by the volunteer co-ordinator and assistant coordinators according to the policies of, and endorsement by, Agape Home. Once a decision has been made the applicant will be duly notified. All decisions are final and will not be open to further inquiry or negotiation.

CONFIDENTIAL MEDICAL HISTORY

Please complete this medical history, have your doctor review, sign and post to us directly together with the doctor's report.

NAME: _____
(First) (Middle) (Surname)

IN CASE OF EMERGENCY CONTACT:

1. Name: _____ Tel. _____
 Address: _____
 Relationship: _____

2. Name: _____ Tel. _____
 Address: _____
 Relationship: _____

PERSONAL HISTORY

Please answer all questions. Have you ever had, or do you have any of the following:

	Yes	No		Yes	No		Yes	No
Skin Conditions	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Dislocated joints	<input type="checkbox"/>	<input type="checkbox"/>
Eye Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Hay fever, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Broken Bones	<input type="checkbox"/>	<input type="checkbox"/>
Ear Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>
Gall Bladder Problems	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal trouble	<input type="checkbox"/>	<input type="checkbox"/>
Tumour/Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Mental or Nervous	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	<input type="checkbox"/>
Anaemia	<input type="checkbox"/>	<input type="checkbox"/>	Back Problems/Injury	<input type="checkbox"/>	<input type="checkbox"/>	CFS/ME	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory infections	<input type="checkbox"/>	<input type="checkbox"/>	Glandular Fever	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to any of the previous questions please mark them down on the following and comment on each:

Condition Date How does this affect you today

* _____

* _____

* _____

* _____

* _____

* _____

Females only: Do you suffer from: Irregular periods Yes/No
Severe cramps Yes/No
Excessive flow Yes/No

Are you pregnant? Yes/No

Please comment on all positive answers in this space or on a separate sheet:

Are you at present under the doctor's care for any condition?

No/Yes: Condition: _____ Treatment: _____

Are you taking any medication at this time?

No/Yes: Medication: _____ Reason: _____

Have you suffered any recent illness (last 12 months)?

No/Yes: Illness: _____ Continuing effects: _____

Are you allergic to any medications?

No/Yes: Medication: _____ Usual reaction: _____

Do you have a history of emotional instability or psychiatric treatment?

No/Yes: When: _____ Treatment: _____

Do you or have you ever received any compensation for a disability from any source? No/Yes –

Disability: _____ Date: _____

Are you able to sit on the floor comfortably? Yes/No

Have you ever had an injury that will prevent you from being able to pick up children? Yes/No

Are you able to climb over knee-height gates with no difficulty? Yes/No

Your present weight: _____ Height: _____

Please talk to your doctor about immunisations. We recommend you have the following immunisations before coming to volunteer at the Agape Home:

1. TB
2. Tetanus
3. Hepatitis A&B
4. Polio
5. Diphtheria
6. Japanese Encephalitis
7. Typhoid

Please ensure that any "live" vaccinations are completed well in advance of your arrival at Agape – your doctor can advise on the time period required for each of these to ensure that the Agape children are not exposed to live viruses.

Any change in physical or medical conditions as stated in these reports before arriving at Agape Home must be conveyed to the Volunteer Co-ordinator.

Applicant's Signature: _____ **Date:** _____

Physician's Signature: _____ **Date:** _____

Physician's Name (please print): _____

Address: _____

E-mail: _____

DOCTOR'S / PHYSICIAN'S REPORT

Please have your doctor review your medical history form, and complete the following report and post both directly to:

Volunteer Co-ordinator,
Agape Home
PO Box 95
Chiang Mai 50000
Thailand

Please make sure this is a doctor, who knows your medical history.

Name of applicant: _____

Dear Doctor,

The above applicant has applied to work as a volunteer care-giver with Agape Home for HIV/AIDS Babies & Children in Chiang Mai, Thailand. Please only complete this form if you have a good knowledge of the above applicant's medical history.

During his/her time at Agape Home, the volunteer will be operating in a hot & often humid semi-tropical climate, without many of the normal modern conveniences that are taken for granted in developed nations. Health risks will be much greater, and it is likely that the volunteer will at some stage suffer from some infection or ailment during his/her time at Agape.

Community living is very much a part of the lifestyle that the volunteer will encounter while at Agape, and volunteers will need to possess a high degree of emotional and social stability.

*When volunteers first arrive, they often feel lonely, disoriented, and overwhelmed. Some volunteers find once they arrive, that they cannot cope without the emotional, social, and psychological support networks that they have left behind. This is especially the case in regard to the care-giving work that they under-take at the Home, occasionally with very ill children. The volunteer **will** encounter physical, social and emotional stress in situations that they have never had to deal with before.*

The volunteer will be exposed to infections and diseases on a daily basis with the children that he/she will be caring for. It is also important to keep in mind that as these children are HIV+, that any infection or communicable disease that the volunteer is carrying has a high risk of being communicated to one or more of the children.

The constant carrying, sitting, and walking with children over long periods requires that the volunteers be adequately fit and have the strength to fulfil their duties. (This includes the ability to be able to climb/step over internal gates, and sit on floors without difficulty).

Could you please conduct a physical examination for the above applicant, perform any diagnostic tests you feel are appropriate, and complete this form? We would be grateful if you would comment on any concerns you may have as they relate to the applicant's ability to tolerate physical and emotional conditions that the applicant will be living and working in as described above.

Please review the applicant's confidential medical form and make any comments you feel are appropriate _____

When was the last time you had a consultation with the applicant and how long have you been his/her doctor?

Height: _____

Weight: _____

Comments: _____

Blood Pressure: _____

Pulse: _____

Date of Birth: _____

E.C.G. (if over 40): _____

Visual Acuity: (Without glasses) R: _____ L: _____

(With glasses): R: _____ L: _____

Colour Perception: _____ Hearing: R: _____ L: _____

Urinalysis: _____

Blood Type: _____

Is the applicant currently on any medications? What kind of medication and what are they for?

Any abnormalities of the following systems? If YES, please describe fully.

Skin	NO/YES	_____
Head	NO/YES	_____
Eyes, Ears, Nose	NO/YES	_____
Mouth and Throat	NO/YES	_____
Neck	NO/YES	_____
Respiratory	NO/YES	_____
G.I.	NO/YES	_____
Urinary	NO/YES	_____
Genito-reproductive	NO/YES	_____
Musculoskeletal	NO/YES	_____
Neurological	NO/YES	_____
Psychiatric	NO/YES	_____
Endocrine	NO/YES	_____
Cardiovascular	NO/YES	_____

Family History

Have any of the applicant's relatives ever had any of the following?

		RELATIONSHIP
Tuberculosis	NO/YES	_____
Diabetes	NO/YES	_____
Kidney Disease	NO/YES	_____
Heart Disease	NO/YES	_____
Arthritis	NO/YES	_____
Stomach Disease	NO/YES	_____
Asthma, Hay Fever	NO/YES	_____
Epilepsy, Convulsions	NO/YES	_____

Recommendation for follow-up test/treatment:

Do you believe that this applicant will be able to cope with the emotional challenges of caring for ill children?

Is there any reason you can think of that we should be concerned about the applicant's health?

Other Comments:

Physician's Recommendations:

Acceptable without limitations

Acceptable with limitations

Not Acceptable

Physician's Signature: _____ **Date:** _____

Physician's Name (please print): _____

Address: _____

CONFIDENTIAL REFERENCE
for volunteering at the Agape Home for Babies with HIV/AIDS

NAME OF APPLICANT: _____

The Agape Home provides a loving and caring environment for orphaned and abandoned children with HIV/AIDS. The above applicant has applied to work with the Agape Home as a full-time volunteer child-care worker.

The purpose of this Recommendation Form is to help us assess how the applicant will adapt to the work and living style of the Agape Home and Chiang Mai. Please respond to the following questions as best you can, according to your knowledge of the applicant. Please note that your relationship with the applicant must be that of a supervisor, pastor, employer, teacher, etc; and you should have known him / her for at least 12 months. References from friends and family members will not be accepted, except in the above context. **All remarks will be kept confidential. Thank you for your assistance. Please send this to us directly at Agape Home.** PO Box 95, Chiang Mai 50 000, THAILAND

Referee Name: _____ **Relationship to applicant:** _____

Email/Address: _____

Signature: _____ **E-mail:** _____ **Date:** _____

Please sign and return this form to: Agape Home, PO Box 95, Chiang Mai 50000 THAILAND

How long and how well have you been acquainted with the applicant?

Some volunteers choose to live in the Agape volunteer house which is located near to Agape Home. Community living is important here and volunteers are usually required to share a room. Please comment on how you think the applicant will succeed in this, assessing his/her adaptability, relational skills and means of conflict resolution.

The Agape Home employs a full-time staff of Thai nationals who work as nannies. Tolerance and sensitivity to other cultures is essential in day to day living and work situations. How do you feel the applicant will be able to handle cross-cultural relationships? Please explain.

Volunteering at the Agape Home can be very stressful physically, socially and emotionally. How do you feel the applicant will handle any stressful situations that will arise in these areas?

Reference cont:

Has the applicant experienced a divorce, major personal loss, or significant crisis in his/her life in the last 12 months? Please explain.

How would you describe the applicant's capacity to relate to children?

Would you want him/her to care for your children? Yes/No. Why / Why not?:

Does spirituality play a part in this individual's life? Yes/No Please explain:

Are you aware of any criminal misdemeanour in the applicant's past? Yes/No Please give details:

Is there any reason for which you would hesitate to recommend this applicant?

PLEASE CHECK THE FOLLOWING AND COMMENT:

	Superior	Above Average	Average	Below Average	Inferior
Initiative					
Mental Ability					
Concern for others					
Ability to follow					
Leadership					
Respect for Authority					
Financial Responsibility					
Punctuality					
Respect for Colleagues					
Emotional Stability					
Health					
Personal Grooming					
Reliability					
Co-operativeness					
Self-discipline					

We are trying to establish a balanced sense of the applicant and your reference and their application is the only information we have.

Please help us by giving us 3 strengths and 3 weaknesses of the applicant

We know this can be very difficult but it is very important.

- STRENGTHS:

- 1: _____
- 2: _____
- 3: _____

- WEAKNESSES:

- 1: _____
- 2: _____
- 3: _____

Please make sure you fill in both sections, it does not help the applicant for you to say they have no weaknesses.

If you have any other comments that you would like to make about this applicant or would like to discuss any of the information in this reference please feel free to contact me at Agape Home.

Thank you for taking the time to complete this reference form your time is much appreciated.

Laura Borg
Volunteer Coordinator

CONFIDENTIAL REFERENCE
for volunteering at the Agape Home for Babies with HIV/AIDS

NAME OF APPLICANT: _____

The Agape Home provides a loving and caring environment for orphaned and abandoned children with HIV/AIDS. The above applicant has applied to work with the Agape Home as a full-time volunteer child-care worker.

The purpose of this Recommendation Form is to help us assess how the applicant will adapt to the work and living style of the Agape Home and Chiang Mai. Please respond to the following questions as best you can, according to your knowledge of the applicant. Please note that your relationship with the applicant must be that of a supervisor, pastor, employer, teacher, etc; and you should have known him / her for at least 12 months. References from friends and family members will not be accepted, except in the above context. **All remarks will be kept confidential. Thank you for your assistance.**
Please send this directly to us at Agape. PO Box 95, Chiang Mai 50 000, THAILAND

Referee Name: _____ **Relationship to applicant:** _____

Email/Address: _____

Signature: _____ **E-mail:** _____ **Date:** _____

Please sign and return this form to: Agape Home, PO Box 95, Chiang Mai 50000 THAILAND

How long and how well have you been acquainted with the applicant?

Some volunteers choose to live in the Agape volunteer house which is located near to Agape Home. Community living is important here and volunteers are usually required to share a room. Please comment on how you think the applicant will succeed in this, assessing his/her adaptability, relational skills and means of conflict resolution.

The Agape Home employs a full-time staff of Thai nationals who work as nannies. Tolerance and sensitivity to other cultures is essential in day to day living and work situations. How do you feel the applicant will be able to handle cross-cultural relationships? Please explain.

Volunteering at the Agape Home can be very stressful physically, socially and emotionally. How do you feel the applicant will handle any stressful situations that will arise in these areas?

Reference cont:

Has the applicant experienced a divorce, major personal loss, or significant crisis in his/her life in the last 12 months? Please explain.

How would you describe the applicant's capacity to relate to children?

Would you want him/her to care for your children? Yes/No. Why / Why not?:

Does spirituality play a part in this individual's life? Yes/No Please explain:

Are you aware of any criminal misdemeanour in the applicant's past? Yes/No Please give details:

Is there any reason for which you would hesitate to recommend this applicant?

PLEASE CHECK THE FOLLOWING AND COMMENT:

	Superior	Above Average	Average	Below Average	Inferior
Initiative					
Mental Ability					
Concern for others					
Ability to follow					
Leadership					
Respect for Authority					
Financial Responsibility					
Punctuality					
Respect for Colleagues					
Emotional Stability					
Health					
Personal Grooming					
Reliability					
Co-operativeness					
Self-discipline					

We are trying to establish a balanced sense of the applicant and your reference and their application is the only information we have.

Please help us by giving us 3 strengths and 3 weaknesses of the applicant

We know this can be very difficult but it is very important.

- STRENGTHS:

- 1: _____
- 2: _____
- 3: _____

- WEAKNESSES:

- 1: _____
- 2: _____
- 3: _____

Please make sure you fill in both sections, it does not help the applicant for you to say they have no weaknesses.

If you have any other comments that you would like to make about this applicant or would like to discuss any of the information in this reference please feel free to contact me at Agape Home.

Thank you for taking the time to complete this reference form your time is much appreciated.

Mary S. Roper
International Volunteer Coordinator