



Volunteer Application 2010

NOTE: Please fill in this form fully in block capitals. Once you have the form completed please take a photocopy for your own records and return the original as soon as possible to:

Outreach Moldova, P.O. Box 8039, Dun Laoghaire, Co. Dublin

Affix 4 passport sized photos here (for your volunteer ID card, and for our files). Please put your name on the reverse side.

A) Personal Details:

Please notify the office if any of the following information changes.

Surname _____

Name (s): _____

Date of Birth: _____

Home Address: _____

Home Tel Number: _____

Mobile Number: _____

Business Tel Number: _____

Fax Number: _____

Email Address: _____

Please only indicate an e-mail address if you regularly check your messages and also ensure it is a valid address.

Occupation: _____

B) Working in Moldova:

Are you available to work in Moldova: YES NO

Are you available for 2 weeks: YES NO

Are you willing to fundraise: YES NO

When would you like to work in Moldova? Please indicate group No:

(See Group Number in Appendix A Volunteer Summer Schedule)

1st Choice Group: _____

2nd Choice Group: _____

3rd Choice Group: _____

How much notice do you require? _____

Full name as in Passport: _____



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Passport Number: _____ Expiry Date: _____

Please note that passports must be valid for 6 months following travel.

Name & Contact Phone No's of Next of Kin in Ireland: _____

Do you have Health Insurance? _____

If so, with whom and what plan? _____

Are you a Vegetarian, Vegan or require any special diet? _____

If yes please specify: _____

C) References:

Please give the names, telephone numbers and addresses of 2 referees:

_____	_____
_____	_____
_____	_____
_____	_____

D) Education:

Please give the name of the institution attended, year of graduation and qualifications achieved:

2nd level: _____

3rd Level: _____



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E) Work Experience:

Briefly outline your work experience for the past 5 years:

Please outline any experience to date working with children:

F) Vaccinations required for working in Moldova:

Are all the following vaccinations up to date?

	Yes	No
1) Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>
2) Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
3) Typhoid	<input type="checkbox"/>	<input type="checkbox"/>
4) Tetanus	<input type="checkbox"/>	<input type="checkbox"/>
5) Polio	<input type="checkbox"/>	<input type="checkbox"/>
6) Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>
7) Rabies (Optional)	<input type="checkbox"/>	<input type="checkbox"/>

The WHO (World Health Organisation) recommends that the above vaccinations be in place prior to travel to Moldova.

Hepatitis B/C/δ(delta) Viruses exist in Moldova.

These viruses are transmitted by bodily fluid contact. There is no vaccination for Hepatitis C. There is a vaccination for Hepatitis B, which also covers the δ strain of the virus. If you need any advice regarding vaccinations please contact your local GP or travel vaccination centre.



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Hepatitis B vaccination requires a set of 3 vaccinations, which are administered by injection into a muscle in your arm. This can be done over a 6 month period or a 1 month period e.g.;

Rapid Immunisation: given over a 1 month period:

- First injection Day 1
- Second Injection Day 8
- Third injection Day 22
- A booster after 12 months

These vaccinations are for your protection and are the minimum requirements of the World Health Organisation (WHO). We do not want you travelling to Moldova where these conditions exist without ensuring that you are adequately covered.

Please consult with your Gp or preferred doctor regarding your level of immunity post vaccination. The efficacy of all vaccinations reduces with time and if you have some/all of the above mentioned vaccinations completed for previous travel, you should ask your doctor regarding the need for a 'Titre Test' (a blood test) that will indicate if you need a booster shot prior coming to Moldova.

All vaccinations listed above are single doses except Hepatitis B, which is given 3 times prior to travel. You will receive a travel vaccination card from your doctor, which will be stamped on receiving your vaccination. Vaccinations must be given top priority by all potential volunteers and must be started immediately.

This means that you will have to see your doctor/vaccination nurse 3 times for vaccinations over the period of 1 month or 6 months depending on your preferred vaccination schedule. Your doctor is required to sign and stamp the certificate attached. (See Appendix B). This certificate states that all vaccinations are complete and this must be returned to us immediately.

The airlines issue the tickets 4 to 6 weeks in advance of travel and as you will be travelling as part of a large group they will not hold individual reservations. By not completing all necessary documentation on time you may be unable to travel and will exclude another person travelling in your place. Provisional bookings will be made for your preferred travel dates but please note we will not issue tickets until your vaccination cert and your doctor's cert are provided to the Outreach Moldova Dublin office.

This certificate must be returned to Outreach Moldova no less than 2 months prior to travel. The certificate to be completed by your doctor/vaccination centre is attached (see Appendix B). Please also note we require a certificate from your doctor stating that you are in good health and fit to travel as a volunteer to Moldova.



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G) Confidential Medical Information:

Are you on medication or currently being treated for any of the following conditions?

- 1) Epilepsy _____
- 2) Diabetes _____
- 3) Hypertension _____
- 4) Depression _____
- 5) Addiction _____
- 6) Other? ** _____

**If yes please specify

Please list any medications you are currently taking on a long-term basis:

If you are taking any medications please have your prescriptions filled before travel, as they may not be available for purchase in Moldova.

Are you allergic to any medications? If yes please specify:

Please specify any serious illnesses/condition that may affect your capacity to work in Moldova

All information in this section is confidential and will not be shared with 3rd parties.



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F) Other Humanitarian Experience:

Have you ever worked with another charity, either here or abroad: _____

Name of organisation: _____

Details of position held and responsibilities:

If you have worked in a charitable capacity abroad please fill in the next section:

Country: _____

Dates from and to: _____

Details: _____

In your own words, what appeals to you about working with ORM?

What do you personally think you could bring to the team?

Other information you think is relevant to your application:



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G) Fundraising/ Sponsorship:

Volunteers are responsible for raising sponsorship to cover all their costs including airfares, insurance, room and board, internal transfers and local transportation.

The minimum amount required for a 2-week stay is €1,750. Volunteers are responsible for any extra costs arising from excess baggage charges or ticket changes.

All volunteers are encouraged to raise as much sponsorship as possible and all funds raised will be fully used for the benefit of the children. The charity's overhead is less than 4% P.A. and everything else goes towards the children.

Most volunteers have succeeded in raising funds significantly in excess of €1,750 and this has helped us enormously in improving the conditions and facilities for all the children.

If you need advice or assistance in your fundraising efforts please contact the office or our volunteer and event guide on our website www.outreachmoldova.org

We will provide you with sponsorship forms, newsletters and a video/DVD of conditions in the orphanage. All funds raised must be forwarded to Outreach Moldova and receipts will be issued to you and to any of your multiple sponsors as needed.

Please note that when you lodge funds directly to our bank account it can be difficult to trace such lodgments unless they have a reference number, so we request that if you lodge directly to the bank you can forward a copy of your lodgment receipt to the office for your file.

Cheques or bank drafts should be made payable to Outreach Moldova & posted to Outreach Moldova, PO Box 8039, Dun Laoghaire, Co. Dublin.

Outreach Moldova must be contacted before you embark on any public fundraising activities to ensure that all necessary permits are in place. Public venues require police permits.

As of 2003 Outreach Moldova enjoys full Charitable Status with the Irish Revenue. Our registration number is CHY 14229. Accordingly we can avail of a tax refund from the revenue for all personal donations from individuals of €250 or more.

For example a personal donation from a taxpayer of €250 would permit our charity to reclaim the tax paid by that individual (say at the top rate of 41%) on his/her donation for the sum of €173.73. So the value of such a donation would be €423.73 in total. There is no upper limit for donations, which can avail of tax relief.



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In addition, corporate donations from companies can benefit the company (not the Charity) in that the company can reclaim a tax refund according to the type of operation it provides. For example companies in investment/rental activities can reclaim 25%, those in Manufacturing 10% and those in trading 12.5%.

Outreach Moldova will provide the appropriate tax refund application form (CHY2 form) to you for those individuals who have donated €250 or more. These have to be completed by the individual, returned to Outreach Moldova and at the year-end we make an application to the revenue for a refund of the taxes already paid.

Please note that ***all*** sponsorship must be returned to the Outreach Moldova office. We at ORM make a clear promise when fundraising that the funds raised will be used for a specific cause, be it a specific project, and ongoing programme or your volunteer trip etc. We would like to maintain our fundraising standards. We ask that all potential or actual volunteers to do the same and that all funds raised for and on behalf of ORM reach ORM.

ORM Payment Plan Procedure for volunteering in Moldova is as follows:

- First installment of sponsorship to reach the ORM Dublin Office at least 2 months prior to departure to cover the costs of flights and medical insurance. (Min of 50% of overall cost)
- Final installment of sponsorship to reach the ORM Dublin office at least 1 month prior to departure. (Remainder of sponsorship)
- We request that all further funds accumulated prior to departure on your volunteering trip or after arrival home from your volunteering trip, be transferred to the ORM Dublin Office or the ORM Bank Account as they are received. If you are making a deposit to the bank account, please remember to keep a copy of your lodgment receipt for yourself and send a copy to the ORM Dublin office for your file.

H) Information Meeting & Pre-Departure Training:

All persons travelling to Moldova must attend an information meeting and Pre-Departure Training in Dublin. Please see Appendix A attached.



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I) Signature

I _____ understand the conditions applying and declare that all the above information is correct and complete and that I will let the organisation know if any of the above information changes or is subject to change.

Signed: _____ Date

If there is any further information not included here that you feel is relevant to your application, please attach to original form before sending it back to us.

All the above information is confidential to Outreach Moldova

Many thanks for your interest and we look forward to hearing from you soon.

Please return this form to the Outreach Moldova, Po Box: 8039, Dun Laoghaire, Co. Dublin as soon as possible in order to secure a place on the Summer Programme 2010.

Numbers are limited to a Min of 12 volunteers and a Max of 22 volunteers in each group.



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APPENDIX A: 2010 Summer Programme

Group No	Depart for Moldova	Return to Ireland	Dates of information meeting in Dublin	Vaccination cert, Doctor's cert and half of the sponsorship to be received by:	Balance of the sponsorship to be received by:
1	Monday 5 th April (Easter week)	Saturday 10 th April	N/A – Only trip restricted to former volunteers	10 th February	10 th March
2	Monday 24 th May	Monday 7 th June	Saturday 27 th February	19 th March	19 th April
3	Thursday 10 th June	Thursday 24 th June	Saturday 27 th February	9 th April	7 th May
4	Monday 28 th June	Monday 12 th July	Saturday 27 th February	23 rd April	24 th May
5	Monday 2 nd August	Monday 16 th August	Saturday 24 th April	28 th May	28 th June
6	Thursday 19 th August	Thursday 2 nd September	Saturday 24 th April	18 th June	16 th July
7	Monday 6 th September	Monday 20 th September	Saturday 24 th April	2 nd July	2 nd August
8	Thursday 23 rd September	Thursday 7 th October	Saturday 24 th April	23 rd July	20 th August

Information Meeting & Pre-Departure Training: 11 A.M.– 4 P.M.

Please ensure you arrive no later than 10.55 A.M. This meeting will be held in The Arts Building, Trinity College. The attendant on the information desk will advise you of the location of the meeting room. Please note the above groups will operate subject to sufficient numbers.

Please ring the Outreach Moldova office on (01) 275 1842 or email moldova@ireland.com to confirm your attendance at the meeting.



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Appendix B:

Medical Certificate & Record of Vaccinations

Please detach this section from the application form and bring it to your doctor's office or travel vaccination centre when you are being vaccinated.

Please ask your doctor to read it and complete the vaccination certificate as appropriate.

Please take a copy of the completed form for your records and send the original back to the ORM Dublin Office once it is complete so that we may add it to your file.

Name of Person travelling to Moldova: _____

I (the doctor) hereby certify that the following vaccinations were administered by me to the above named person:

Please complete:

VACCINATION	DATE ADMINISTERED	VALID UNTIL
Hepatitis A		
Hepatitis B	1 st Dose 2nd Dose 3rd Dose Booster	
Typhoid		
Tetanus		
Polio		
Diphtheria		
Rabies (Optional)		

I (the doctor) confirm that I have discussed all the vaccinations above and am satisfied that my patient has been vaccinated in accordance with WHO guidelines.



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I (the doctor) confirm that I have discussed with my patient the existence of a Titre test and determined it's need or otherwise in this case.

In Accordance with WHO guidelines for travel to the Republic of Moldova, I (the doctor) have discussed universal precautions regarding Hepatitis B & C and other transmissible conditions.

I (the doctor) am satisfied that my patient is vaccinated sufficiently for travel to the Republic of Moldova.

Fitness to Travel:

I (the doctor) confirm that my patient wishes to travel to Moldova as a volunteer to work with children/young adults with disability and terminal illness for a limited period of 2 weeks – 2 months. I have examined my patient and have assessed their fitness to participate in such travel and work.

Flying time to Moldova is 8 hours in total. The working day requires a minimum to moderate level of fitness. Hospital facilities and acute medical care facilities while in Moldova are over one hours distance away and of very poor standard.

I (the doctor) confirm that I know of no existing medical condition that would preclude my patient from participating in a volunteer programme with ORM.

Name of Doctor:

Work Address:

Contact Tel Number:

Date:

Signature:

Practice Stamp:

This form is to be returned to the volunteer so that they can take a copy for their files and they send the original back to ORM in our Dublin Office.