

Online New Volunteer - Application Form 2010



ROI 2010

1. Your Details

FULL NAME: (as on your passport)

PREFERRED NAME: (Abbreviated Name e.g Geoffrey to Geoff)

DATE OF BIRTH: (dd/mm/yyyy) GENDER : Male Female

OCCUPATION: COMPANY NAME:

PASSPORT NUMBER: NATIONALITY:

PASSPORT EXPIRY DATE: (dd/mm/yyyy) N.B. Your Passport must be valid at least 3 months after the trip return home date but we recommend 6 months. Please submit 2 photocopies of photo ID page of passport with application.

HOME ADDRESS: (All correspondence will be posted here, tickets etc.)

ADDRESS FOR CORRESPONDENCE: (if different than home)

Please state what the above address is: Work Rental Other (Please state)

EMAIL ADDRESS: In order to keep our costs low, we would like to communicate with you via email. Please tick if you access your email regularly. Yes No

HOME PHONE NUMBER: MOBILE:

WORK PHONE NUMBER: (Leave Blank if you do not want to be contacted at work)

2. Medical Details

DIETARY REQUIREMENTS: (Only medical dietary requirements will be honoured on site.)

NEXT OF KIN / EMERGENCY CONTACTS: (Please list x2 people whom we should contact in the event of an emergency.)

NEXT OF KIN 1	NEXT OF KIN 2
NAME: <input type="text"/>	NAME: <input type="text"/>
ADDRESS: <input type="text"/>	ADDRESS: <input type="text"/>
MOBILE / HOME NUMBER: <input type="text"/> <input type="text"/>	MOBILE / HOME NUMBER: <input type="text"/> <input type="text"/>
RELATIONSHIP TO YOU: <input type="text"/>	RELATIONSHIP TO YOU: <input type="text"/>

DOCTOR

NAME:

ADDRESS:

PHONE NUMBER:

MEDICAL FORM: Complete Medical Form attached and return with your application form to go to our Medical Team in our Dublin office.

HEALTH CHECK FORM: You will receive a Health Check Form which must only be completed by your GP within 3 months of your departure date and returned to our Medical Team in our Dublin Office.

3. General Details

HOW DID YOU HEAR ABOUT THE CHARITY: Website Print Ad Radio Ad Friend/Referral Other

PLEASE DETAIL ANY PREVIOUS VOLUNTEER EXPERIENCE:

VOLUNTEER CLUB: EVERY COUNTY IN IRELAND NOW HAS A NIALL MELLON TOWNSHIP TRUST VOLUNTEER CLUB WOULD YOU BE INTERESTED IN JOINING YOUR LOCAL COUNTY CLUB: Yes No

4. On Site Details

TRADE - PLEASE TICK BOX RELEVANT TO YOUR TRADE: Bricklayer Plasterer Plumber Carpenter Electrician

Painter Scaffolder Gardener PLEASE PROVIDE REFERENCE FOR YOUR EXPERIENCE: Company

Phone Number DO YOU HOLD A VALID SAFE PASS: (Please enclose a copy) Yes No

PLEASE TICK THE FOLLOWING JOBS YOU ARE INTERESTED IN: Foreman Team Leader Medical Driver On Site

Sub Foreman Assistant Team Leader Health & Safety If you chose one of these jobs you will be required to travel to our Dublin Office for a separate training / briefing meeting. This normally takes place on a Saturday 4 weeks before departure.

Registration Form continued overleaf

5. Flights / Accommodation

(We will try our best to accommodate your group on the same flight and the same hotel but for logistical reasons it is not always possible.)

PLEASE STATE THE NAMES OF THE PEOPLE YOU WOULD LIKE TO TRAVEL IN A GROUP WITH:

(All accommodation is booked by the charity on behalf of the volunteers. Our accommodation is based on a shared twin room basis.)

NAME OF PERSON YOU WOULD LIKE TO SHARE A ROOM WITH:

(If you are travelling alone we look at your age and profile and try to match you to someone similar) ARE YOU A: Smoker Non Smoker

6. Kit T-shirts (You will not be permitted on site if you do not wear the T-Shirt supplied.)

PLEASE SELECT YOUR SIZE: Small Medium Large XL XXL XXXL

7. Donations & Sponsorship

HOW DO YOU INTEND TO RAISE YOUR FUNDS: Bag Packing Raffle Sponsorship Cards Sponsored Walk Street

Collection Sports Event Other (Please state)

8. PR Details

MAY THE NIALL MELLON TOWNSHIP TRUST USE YOUR NAME AND IMAGE IN ANY PUBLICATION: Yes No

WOULD YOU BE WILLING TO HAVE SOME LOCAL MEDIA COVERAGE ABOUT YOUR PARTICIPATION IN THE TRIP: Yes No

PLEASE TICK IF YOU WOULD LIKE TO TAKE PART IN ANY OF THE FOLLOWING: Newspaper Interview Radio Interview

IF YOU HAVE ANY MEDIA CONNECTIONS PLEASE SPECIFY:

9. Criminal Convictions (Please explain the nature of the crime, the date of the conviction and disposition).

HAVE YOU EVER BEEN CONVICTED OF A CRIME: Yes No DATE : (dd/mm/yyyy)

EXPLANATION:

10. Deposit Payment

In order to confirm your registration you must pay a booking deposit of €500, otherwise your place is not confirmed or guaranteed. We accept cheque, credit card and laser as payment. On receipt of payment we will forward you a receipt and confirmation pack that will include all details of the blitz along with a verification letter and name badge that you will require in order to fundraise.

Enter your card details below. Please note you do not need to include a security code for your laser card.

CARDHOLDER'S NAME: CARD TYPE:

CARD NUMBER: EXPIRATION DATE: (mm/yyyy)

SECURITY CODE:

NOTE: The Security Code is the 3 digits that appear on the back of your Visa or Mastercard.

11. Declaration (Please tick each box to specify each section has been read.)

1. I declare that all the information provided here is to the best of my knowledge and belief, full, true and correct.
2. Should any medical issues arise between now and the date of travel, I will disclose this information to the Niall Mellon Township Trust.
3. If accepted for the Building Blitz, I agree to submit full payment of all costs at the appointed deadlines. I understand that all monies fundraised for the trip must be submitted to the Niall Mellon Township Trust. If for any reason I am no longer participating in the trip, I will submit all donated money to Niall Mellon Township Trust.
4. I have enclosed a deposit of €500. This payment is non refundable once a place on the trip has been accepted.
5. I agree to raise €5,000 minimum sponsorship for the Niall Mellon Township Trust and agree to lodge this with the Charity as I receive it and no later than 8 weeks before the date of travel. Please note your name against any lodgement to our bank account.
6. I have enclosed 2 copies of the photo ID page of my passport.
7. If the participant is under 18, the parent or guardian should sign this form on their behalf. Guardians must be 25 years old or over.
8. I have read and agree to the terms and conditions (see attached).

Signature: Date: (dd/mm/yyyy)

Completed application form and medical form should be sent to:

Niall Mellon Township Trust, Taylors Three Rock, Grange Road, Rathfarnham, Dublin 16, Ireland.

Please fill out the Medical Form overleaf

Medical Information for ALL volunteers.



This information will be treated as totally confidential and is for the medical team only.

Volunteer Name:		Contact Number:	
Date of Birth: / /		Normal Occupation:	
Any time off work for medical reasons in last 5 years:			
Vaccinations in last 10 years, please include dates:			
Full details of all current medication:			
Exercise taken on a regular basis?	Yes	No	
Have you had or do you have any of the following? Please tick the relevant box and give FULL details if yes.			
	Yes	No	Details with dates
Any admissions to hospital?			
Have you seen a doctor in the last 12 months?			
Are you waiting for any appointments with specialists?			
Are you waiting for any investigations/results?			
Fits, fainting, blackouts, epilepsy?			
Migraine or recurring headache?			
Mental ill health, or breakdown?			
Heart or circulation problems?			
High blood pressure?			
Eye disease?			

	Yes	No	Details with dates
Ear Disease?			
Skin problems?			
Any blood disorders eg; anaemia?			
Asthma, bronchitis or severe chest condition?			
Diabetes?			
Gastric or duodenal ulcer?			
Any bowel disorder?			
Jaundice?			
Kidney or bladder problems?			
Arthritis, joint problems or muscular disorders?			
Back trouble including prolapsed disc?			
Allergies to drugs?			
Any other allergies?			
Anything else you think we should know?			

Have you been on a Building Blitz before? When and in what role?

FAILURE TO GIVE FULL DETAILS MAY JEOPARDISE YOUR ACCEPTANCE ONTO THE BLITZ AND VOID YOUR INSURANCE COVER. MEDICAL ADVICE MAY BE SOUGHT FROM YOUR DOCTOR

In case of an emergency please contact:

Contact Name 01:

Phone Number:

Contact Name 02:

Phone Number:



Please return this form to: Medical Team, Niall Mellon Township Trust, Taylor's Three Rock, Grange Road, Rathfarnham, Dublin 16, Ireland.
 Tel: + 353 1 494 8200 / Fax: + 353 1 494 8250
 Charity Reg. No: CHY 16238

Terms & Conditions

DEPOSIT

Participants must raise a minimum of €5,000. A deposit of €500 must accompany your application form. Once your place is accepted, the deposit becomes nonrefundable except in exceptional circumstances. The Niall Mellon Township Trust reserves the right, at its absolute discretion, to refuse your application, in which case your deposit of €500 will be returned to you. Any such refunds will be returned by regular post, unless otherwise specified and agreed.

BALANCE OF FUNDS

The final balance of €5,000 must be received 8 weeks prior to your departure dates. The Niall Mellon Township Trust reserves the right at its absolute discretion to cancel your place if the full amount due is not received on or before the date as outlined.

YOUR RESPONSIBILITY

Participants must be between the ages of 18 and 65 to apply, be fit to work during the Building Blitz and must complete the medical questions on the application form. All applicants must obtain a full health certificate from their GP. Health Certificates will be supplied by the trust and must be only completed within 3 months prior to departure. Participants must inform The Niall Mellon Township Trust of any change in their medical condition that occurs after the submission of their application, including pregnancy. The Niall Mellon Township Trust reserves the right to refuse a participant if, in their sole opinion, the participant is deemed medically unfit to take part. The Niall Mellon Township Trust, any of their associated companies, their respective officers, employees or agents cannot be responsible for any damage, loss or liability arising from a failure to disclose any information relating to the health of a participant which is material to their participation. If at any stage or for whatever reason The Niall Mellon Township Trust considers you unsuitable for the challenge, it reserves the right at its absolute discretion to cancel your registration or to cease your involvement in the Building Blitz should it have commenced. Furthermore, if you commit an illegal or unlawful act, you may be excluded from the Building Blitz.

PASSPORT REQUIREMENTS

Participants' passports must be valid for 3 months beyond the date of departure, but 6 months would be recommended. Passport control and in-country authorities will reserve the right to refuse entry.

USE OF NAME

Participants must not use The Niall Mellon Township Trust name or their association with it, for any other purpose other than to fundraise in respect of their involvement in the Building Blitz.

FUNDRAISING

Participants undertake fundraising activities for and on behalf of the Niall Mellon Township Trust, and as such any such funds raised and advanced to the Trust, will be retained by it and used for the purpose of facilitating its charitable works. The organization of, and/or participation in, such activities, is done so solely at the risk of the intending participant. Moreover, any authorizations, consents, insurances, required by law or otherwise in respect of such activities, are wholly the responsibility of the participant.

INSURANCE

The Niall Mellon Township Trust provides basic travel insurance for each participant. A copy of the policy will be made available to you in advance of your departure. It is your responsibility to ensure that you are fully familiar with the cover provided by this policy and that it meets your requirements. Should you require additional cover, you are responsible for making your own arrangements for, and bearing the cost of, such additional cover. In accepting your place, you understand that you are subject to, and accept, the Terms and Conditions prescribed by the insurers. Furthermore, you fully accept that neither the Niall Mellon Township Trust, any of their associated companies, their respective officers, employees or agents, have any legal responsibility for any illness or injury that you may incur during your stay in South Africa, whether such injury or illness is caused during the Building Blitz or otherwise.

TRAVEL

All flights and hotels will be booked by the charity, we negotiate best possible rates and our accommodation is based on a shared twin room basis. Due to the number of volunteers travelling flights may have to depart over 2 days and we will require you to be flexible in your travel. It is your responsibility to make sure you have all the travel documents you need at the time of travel to and from Cape Town: passport, tickets and travel insurance. If you don't have the right documentation you could be barred from getting on the plane and may not be entitled to a refund or travel on a future flight. The charity cannot take responsibility for people who are late for check in, forget their tickets or passport or travel with an out of date passport. It is up to you the volunteer to read all documentation carefully before you depart. Please inform the charity of your Next of Kin details for the duration of the blitz. It is your responsibility to inform the charity if the next of kin details change from the time of completing the application.

DATA PROTECTION/CONSENT TO USE

Information you supply may be used by us, or by our agents and / or service providers, for the purposes of your participation in the Building Blitz. We may share your personal data with our agents and / or service providers, and in so doing, may transfer information containing such data outside EU territory. Furthermore, we may need to obtain sensitive data relating to you, such as information concerning your medical status. By virtue of your participation in the Building Blitz and in providing us with your personal data, you consent to all such information provided to us (including information relating to sensitive data) being so used, processed, disclosed, transferred and / or retained. Where you are providing personal data to us on behalf of another participant, you warrant and represent to us that, in respect of any such personal data which you provide, you have the authority of that participant to disclose such data to us, under the conditions and for the purpose set out above and, to give the requisite consents on behalf of any such participant. Should you submit to us, photographs taken during your participation on the Building Blitz, or write to us about your experiences on the Building Blitz, you consent to such photographs and/or correspondence being used, and/or retained by the Niall Mellon Township Trust. In giving such consent, your right of ownership to such Intellectual Property remains unaffected. By signing the application form, you are confirming that you have read and understood the Terms and Conditions and to the best of your knowledge, your general state of health is good and that you take full responsibility for yourself.

CANCELLATION

In the event that an intending participant is unable, for whatever reason, to participate in the Building Blitz it is understood that any sums submitted in respect of such participation will be retained by the Niall Mellon Township Trust exclusively for its benefit. The Niall Mellon Township Trust may, at its absolute discretion, offer any such participant a place on a future Building Blitz. In such circumstances any monies raised by the said participant in respect of the initial Building Blitz, may at the absolute discretion of the Niall Mellon Township Trust, be offset against their fundraising requirements in respect of such future Building Blitz programme, less any expenses incurred up to the date of cancellation.