



2018

Volunteer Registration

ywam[®]
medicalships

Australia - Papua New Guinea



How to Register

We're so grateful you're registering for outreach with the YWAM Medical Ship! You are in for an amazing adventure.

Complete these steps as soon as possible to ensure you can join your preferred outreach. Please note, you are more than welcome to register for more than one outreach or give a range of options if you are flexible. We will try to give you your first preference for outreach, yet due to the high interest, we cannot always guarantee additional outreaches.

We seek to make the registration process as smooth as possible; simply follow the steps below for first-time volunteers or returning volunteers. We are just a phone call or email away to assist if you have any questions during this process.

Thanks again!

First Time Volunteers

Step 1: Fill out the PNG Volunteer Registration form and return to the YWAM Medical Ships office along with one recent passport-sized photo.

Step 2: Ask your employer or pastor to complete the confidential reference form and have them send it directly to the YWAM Medical Ships office.

Returning Volunteers

Step 1: Fill out the Returning Volunteers Registration Form, found at the back of this booklet and return to YWAM Medical Ships Office.

Payment of fees

Payment methods and specific due dates are included in your Preparing to Come Pack, which is sent to you when your registration is approved. A deposit is due within a week after your position has been confirmed on outreach. Full payment is due four weeks prior to the start of outreach.

Cancellation

If, for whatever reason, you decide not to go on outreach, please notify us as soon as possible as we often have other individuals interested in volunteering. Further details regarding cancellation and fees are included in the Preparing to Come Pack.

PNG OUTREACH REGISTRATION

Personal Information:



Outreach Details

Outreach(es) that you would like to join us on:

If you are flexible with your time frame, please number the outreaches in order of preference.

2018 Outreach Dates

- | | |
|--|--|
| <input type="checkbox"/> Outreach 1: 26 January - 11 February – Morobe Province | <input type="checkbox"/> Outreach 7: 24 August - 9 September – Oro Province |
| <input type="checkbox"/> Outreach 2: 23 February - 11 March – Milne Bay Province | <input type="checkbox"/> Outreach 8: 21 September - 7 October – Milne Bay Province |
| <input type="checkbox"/> Outreach 3: 16 March - 1 April – Western Province | <input type="checkbox"/> Outreach 9: 12 October - 21 October – Central Province |
| <input type="checkbox"/> Outreach 4: 13 April - 29 April – Gulf Province | <input type="checkbox"/> Outreach 10: 26 October - 11 November – Western Province |
| <input type="checkbox"/> Outreach 5: 4 May - 20 May – Central Province | <input type="checkbox"/> Outreach 11: 23 November - 9 December – Gulf Province |
| <input type="checkbox"/> Outreach 6: 3 August - 19 August – Morobe Province | <input type="checkbox"/> Outreach 12: 14 December - 21 May – Port Moresby, NCD |

Position Registering For: _____

Personal Details

First Name: _____ Middle: _____ Last Name: _____

Gender: Male Female Age: _____ Birth date: D ____ M ____ Y ____

Shirt Size: _____ (Women: 8, 10, 12, etc; Men: S, M, L, etc. – Australian sizes)

Permanent Address

Street: _____ City/Town: _____

State: _____ Postcode/Zip: _____ Country: _____ Email: _____

Home Phone: _____ Mobile/Cell Phone: _____

Mailing Address (if different from above)

Street: _____ City/Town: _____

State: _____ Postcode/Zip: _____ Country: _____

Passport Information

Country of Citizenship: _____ Passport Number: _____ Expiry: D ____ M ____ Y ____

City and Country of Issue: _____ **Please include a copy of the photo page of your passport.

Marital Status:

Single Engaged Married Widowed Divorced Other: _____

Will your spouse be accompanying you? Yes No If Yes, spouse's name: _____

Dependents:

Will any children be accompanying you? Yes No (If Yes, please provide names below):

Name: _____ Birth Date: D ____ M ____ Y ____ Gender: Male Female

Name: _____ Birth Date: D ____ M ____ Y ____ Gender: Male Female

Separate registration forms are to be completed for spouse and/or children accompanying you. For additional children please attach separate sheet.

Criminal Record:

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a sexual crime? Yes No

If 'Yes' to either question, please give details: _____

Emergency Information

In case of emergency contact: _____ Relationship: _____

Street: _____ City/Town: _____

State: _____ Postcode/Zip: _____ Country: _____

Phone (Home): _____ Phone (Mobile): _____ Email: _____

PNG OUTREACH REGISTRATION

Health & Experience Information:



General Health (Answer all questions. Explain positive answers below or on a separate sheet of paper.)

Height: _____ (metres) Weight: _____ (kilograms)

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

*Please consider tropical conditions, and mobility required to transfer in and out of small boats and to navigate uneven terrain

Are you able to walk **approximately** 3km carrying a light pack? Yes No specify: _____

Are you currently under medical supervision? Yes No specify: _____

Are you presently taking any medication? Yes No specify: _____ dose: _____

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

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

Do you smoke? Yes No *note smoking is prohibited throughout your time with YWAM MSA

Do you now have, or have you in the last 12 months had any of the following? Please check if applicable and explain below.

<input type="checkbox"/> Mental/Nervous Disorders	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Other
<input type="checkbox"/> Depression/Anxiety	<input type="checkbox"/> Hay Fever/Asthma	<input type="checkbox"/> HIV	
<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> High/Low Blood Pressure	<input type="checkbox"/> Cancer	
<input type="checkbox"/> Back Problems	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Eating Disorder	

Explanations for above: _____

Work Experience & Qualifications:

Crew applicants:
If you have maritime experience (ie: Deckhand, Deck Officer, Marine Engineer) please attach copies of your:
 Marine certification(s) Curriculum Vitae/Resume Passport photo page

If you have culinary or hospitality experience please attach copies of your:
 Curriculum Vitae/Resume Passport photo page

Medical applicants:
*Please note: currently we do not offer recognised medical/clinical placements for students.

For Professional Registration in PNG and administration purposes, please provide the following documents.

- Copy of your Curriculum Vitae/Resume.
- One certified/notarized copy of your degree/qualification (in English).
- One copy of your current practicing license/registration (in English).
- One professional reference from your supervisor/colleague or institute where you are currently or last worked.
- One character reference from your employer/pastor/colleague (Please feel free to use the reference form in this registration pack as your character reference).
- A photocopy of the photo page of your passport.

Language:

How well do you speak English?

Very well Well Not well Not at all

List any other languages spoken and you proficiency: _____

If English is not your first language, please contact us and request the English Proficiency Form.

YWAM Involvement:

Have you previously been involved with YWAM? Yes No Location: _____ Date: _____

Please Specify Involvement: _____

PNG OUTREACH REGISTRATION

Questions:

Please answer the following questions:

How did you first hear about YWAM Medical Ships?

What most influenced your decision to register?

The YWAM Medical Ships outreach will be an intensive few weeks with constant change in situations and environments. How do you adapt to change?

As we are a faith based organisation, if applicable, please share your personal spiritual beliefs?

Reference:

We request that all team members provide a reference by their employer or pastor. The included reference form is to be sent directly to YWAM Medical Ships.

Referee Details:

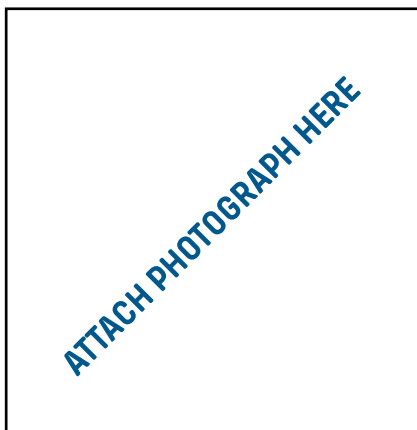
First Name: _____ Last Name: _____

Home phone: _____ Mobile/Cell Phone: _____ Email: _____

Do not send updates beyond initial information pack.

Photo:

Please include a recent photograph for our records.



Burial Release:

YWAM Medical Ships - Australia does everything possible to protect staff, volunteers and students on the field. Although death is extremely rare in service with Youth With A Mission internationally and with YWAM Medical Ships - Australia, it nevertheless needs to be considered.

In case of death, YWAM Medical Ships - Australia cannot 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 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 in YWAM Medical Ships – Australia, YWAM Medical Ships - Australia may carry out the burial in the location of the deceased. If my family desires to have the body shipped home, my family will ensure costs are covered. I hereby absolve YWAM Medical Ships – Australia, all its staff, and associates of the burial costs.

Release of Liability:

I do hereby release YWAM Medical Ships – Australia, its agents, employees, and volunteer assistants from any liability 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 YWAM Medical Ships - Australia.

Consent for Treatment:

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

First Name: _____ Middle: _____ Last Name: _____

Signature: _____ Relationship: _____ Date: D__M__Y__
 Applicant or Parent/Guardian If Applicant is under 18 years of age; signature of Parent/Guardian is required

Release of Information:

Please check any information you DO NOT agree to allow YWAM Medical Ships - Australia to use:

- After arrival - photos, video footage, quotes, or stories provided by me or obtained during my involvement with YWAM Medical Ship to be used for the YWAM Medical Ships - Australia website and advertising material.
- Personal contact information to be compiled into a contact list for distribution to the participants in my outreach.
- Registration information (name, country of origin, home state) and photo provided by me to be used for internal administrative use including airport pickups, and photo boards of the participants for orientation day preparation.

Any gathered information will, in no manner, be solicited for profit or personal gains.

Signature: _____ Relationship: _____ Date: D__M__Y__
 Applicant or Parent/Guardian If Applicant is under 18 years of age; signature of Parent/Guardian is required

PNG OUTREACH REGISTRATION

Agreement:



Signature of Agreement :

All outreach participants are volunteers who receive no salary for their work with YWAM Medical Ships - Australia.

In addition to personal needs, as partners together in the scope of YWAM Medical Ships - Australia, each member of the staff contributes underwriting their own expenses.

Be prepared for a workload of 50 hours per week. Physical fitness is required to a standard necessary for the position one is applying for. The appropriate clothing standards for the various ministry opportunities need to be upheld and be culturally sensitive.

Accommodation for singles will be a shared cabin on the ship, with separate male and female quarters. We will try our best to facilitate married couples. Some pre-arranged land accommodation may also be an option.

Participants are required:

- To provide their own traveling expenses from outreach location and return.
- To have health insurance for the extent of outreach.

Unforeseen Circumstances: If unforeseen circumstances arise (i.e delayed flights, visa issues, etc.) and I am unable to arrive on the YWAM Medical Ship by the arrival date indicated on the Preparing to Come page on the website and advised by my ship's registrar, I understand that YWAM – Medical Ships Australia will not be able to delay the outreach to accommodate for my new arrival date and will not be responsible for any costs associated with my delay (i.e. flight change fees, accommodation etc).

Signature of Agreement: If my registration is approved by YWAM Medical Ships - Australia, I will abide by the spirit, rules, and schedule of the organisation. I understand that YWAM operates according to Christian principles and values, and I am willing to abide by the same. I confirm that I understand payment of the required fees and agree to do so. I, therefore, accept all responsibility for my outreach and personal expenses incurred during my involvement with YWAM Medical Ships - Australia. I understand and agree with the information in the Outreach Information Pack, and that YWAM reserves the right to update/change the Outreach Information Pack and Preparing To Come Pack.

I agree to all of the above statements. I certify that all the information provided in this form is true and accurate. I understand that if any information given is found to be false it could result in my removal from involvement with YWAM Medical Ships -Australia.

Signature: _____ Relationship: _____ Date: D__ M__ Y____
Applicant or Parent/Guardian If Applicant is under 18 years of age; signature of Parent/Guardian is required

Please give us feedback on the registration process. Was it straight forward, or did you have some difficulty?

Please send completed form to:
YWAM Medical Ships - Australia
Ships Registrar
PO Box 1959
TOWNSVILLE, QLD 4810
Australia

Phone: +61 7 4771 2123
Fax: +61 7 4772 4414
Email: info@ywamships.org
Web: www.ywamships.org.au

Please do not hesitate to contact us
if you have any questions,
comments, or concerns

PNG OUTREACH REGISTRATION

Reference:



PROSPECTIVE VOLUNTEER:

Please provide the following information on this form, and present it, with a pre-addressed and stamped envelope to your referee to complete.

Prospective Volunteer's Name: _____ Outreach: _____

Referee Details:

Name: _____ Address: _____

City/State: _____ Postcode/Zip: _____ Country: _____

Primary Phone Number: _____ Email: _____

Position: _____ Church (if applicable): _____

Youth With A Mission (YWAM) is a worldwide Christian movement operating in more than 1,000 locations in over 180 countries, with over 25,000 full-time staff since 1960. YWAM Medical Ships – Australia (MSA) is actively developing communities by addressing the health care and training needs in Papua New Guinea (PNG). The mission is to see improved quality of life for the people of PNG through development-focused programmes, with an emphasis on the health sector.

Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is appreciated. Thank you for your assistance. Please check the following and comment if needed.

How long have you known this individual? _____ Years _____ Months

In your observations, how does this individual adapt to changing social environments?

Excellent Very Good Good Fair Poor

Please rate this individual as to his/her maturity and stability.

Excellent Very Good Good Fair Poor

How does this individual react in trying situations?

Excellent Very Good Good Fair Poor

Would you have this person on your staff? Yes No Comment: _____

Would you recommend this individual for acceptance by YWAM Medical Ships - Australia? Yes, unreservedly Yes No
Comment: _____

Would you like to add any other information about this person? _____

I certify that the information provided is complete and accurate according to my knowledge of the prospective volunteer.

Signature: _____ Date: D__ M__ Y__

We would like to add your details to our database to receive further information about YWAM Medical Ships - Australia. If you DO NOT wish to receive further information, please check the box below.

I do not want to receive further information about YWAM Medical Ships - Australia.

Please send completed form to:
YWAM Medical Ships - Australia
Ships Registrar
PO Box 1959
TOWNSVILLE, QLD 4810
Australia

Phone: +61 7 4771 2123
Fax: +61 7 4772 4414
Email: info@ywamships.org
Web: www.ywamships.org.au

Please do not hesitate to contact us
if you have any questions,
comments, or concerns

Returning Volunteer Registration

RETURNING VOLUNTEERS REGISTRATION

Personal Information:



Outreach Details

Outreach(es) that you would like to join us on:

If you are flexible with your time frame, please number the outreaches in order of preference.

2018 Outreach Dates

- | | |
|--|--|
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Position Registering For: _____

Personal Details

First Name: _____ Middle: _____ Last Name: _____

Gender: Male Female Age: _____ Birth date: D ___ M ___ Y ___

Shirt Size: _____ (Women: 8, 10, 12, etc; Men: S, M, L, etc. – Australian sizes)

Permanent Address

Street: _____ City/Town: _____

State: _____ Postcode/Zip: _____ Country: _____ Email: _____

Home Phone: _____ Mobile/Cell Phone: _____

Mailing Address (if different from above)

Street: _____ City/Town: _____

State: _____ Postcode/Zip: _____ Country: _____

Passport Information

Country of Citizenship: _____ Passport Number: _____ Expiry: D ___ M ___ Y ___

City and Country of Issue: _____ **Please include a copy of the photo page of your passport.

Marital Status:

Single Engaged Married Widowed Divorced Other: _____

Will your spouse be accompanying you? Yes No If Yes, spouse's name: _____

Dependents:

Will any children be accompanying you? Yes No (If Yes, please provide names below):

Name: _____ Birth Date: D ___ M ___ Y ___ Gender: Male Female

Name: _____ Birth Date: D ___ M ___ Y ___ Gender: Male Female

Separate registration forms are to be completed for spouse and/or children accompanying you. For additional children please attach separate sheet.

Criminal Record:

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a sexual crime? Yes No

If 'Yes' to either question, please give details: _____

Emergency Information

In case of emergency contact: _____ Relationship: _____

Street: _____ City/Town: _____

State: _____ Postcode/Zip: _____ Country: _____

Phone (Home): _____ Phone (Mobile): _____ Email: _____

RETURNING VOLUNTEERS REGISTRATION

Health & Experience Information:



General Health (Answer all questions. Explain positive answers below or on a separate sheet of paper.)

Height: _____ (metres) Weight: _____ (kilograms)

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

*Please consider tropical conditions, and mobility required to transfer in and out of small boats and to navigate uneven terrain

Are you able to walk approximately 3km carrying a light pack? Yes No specify: _____

Are you currently under medical supervision? Yes No specify: _____

Are you presently taking any medication? Yes No specify: _____ dose: _____

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

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

Do you smoke? Yes No *note smoking is prohibited throughout your time with YWAM MSA

Do you now have, or have you in the last 12 months had any of the following? Please check if applicable and explain below.

<input type="checkbox"/> Mental/Nervous Disorders	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Other
<input type="checkbox"/> Depression/Anxiety	<input type="checkbox"/> Hay Fever/Asthma	<input type="checkbox"/> HIV	
<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> High/Low Blood Pressure	<input type="checkbox"/> Cancer	
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Explanations for above: _____

Release Forms:

Burial Release:

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Release of Liability:
I do hereby release YWAM Medical Ships – Australia, its agents, employees, and volunteer assistants from any liability 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 YWAM Medical Ships - Australia.

Consent for Treatment:
I hereby agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary.

First Name: _____ Middle: _____ Last Name: _____

Signature: _____ Relationship: _____ Date: D__ M__ Y__

Applicant or Parent/Guardian If Applicant is under 18 years of age; signature of Parent/Guardian is required

RETURNING VOLUNTEERS REGISTRATION

Release Forms:



Release of Information:

Please check any information you DO NOT agree to allow YWAM Medical Ships - Australia to use:

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Agreement:

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Email: info@ywamships.org

Web: www.ywamships.org.au

* Please do not hesitate to contact us at any time during the registration process.



Last Updated: 26/2/2018

www.ywamships.org

215 Walker Street, Townsville, QLD 4810, Australia | PO Box 1959, Townsville, QLD 4810, Australia | +61 7 4771 2123 | info@ywamships.org



The Australian Council for International Development (ACFID) is the peak Council for Australian not-for-profit aid and development organisations. YWAM Medical Ships is a signatory to the ACFID Code of Conduct, which is a voluntary, self-regulatory sector code of good practice. As a signatory we are committed and fully adhere to the ACFID Code of Conduct, conducting our work with transparency, accountability and integrity. Information about how to make a complaint can be found at www.acfid.asn.au