



2015 Volunteer Application Documents

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COVER LETTER

Dear Friend,

Thank you for your interest in working with International Orphan Aid and BYKOTA House in Cambodia. We are excited that you are considering joining us! The most important thing you can do while making the decision on whether or not to serve is to pray. Please seek God's heart as you consider this opportunity. Don't allow the fear of new places, unusual experiences, or the need to raise support, prevent you from the opportunity of receiving this blessing. If you are truly meant to come, God will make it possible. This packet will contain all of the information that you should need about the upcoming trip, but if you find that after reading everything you still have questions, don't hesitate to email us. We want to help you as much as we can along the way.

We encourage you to begin praying for this opportunity, as well as the work going on in Cambodia. There is a huge need for workers on the field with the ministry of BYKOTA House. Please understand that this is more than just a job, it is your opportunity to explore a different culture while improving the lives of children through the giving of your skills and talents. You will have opportunities to understand the history and culture of Cambodia and to learn how the culture of Southeast Asia has come to accept the exploitation and/or sale of children and young women. Indeed, you will return home a changed person.

Regarding your application:

Your application will be reviewed by us and you will be notified of your acceptance in writing. Please submit with your application a \$150 application fee/donation. Please understand that in the event that you do not come, this application fee/donation is non-refundable.

Regarding the process:

To complete the process of application for volunteering with International Orphan Aid at BYKOTA House you will follow a three stage process.

Stage 1

- Submit your completed application with fee
- Consent to background check signed
- Medical release signed
- Release and indemnification agreement signed
- References

Stage 2

- Phone or in-person interview with U.S. leadership
- Skype interview with in-country leadership

Stage 3

If approved, you will receive an acceptance letter from us with additional instructions and information.

Blessings,

Rhonda Benz
U.S. Director
Rhonda@orphanaid.org

Email your completed application and forms to: volunteer@orphanaid.org
Then also mail your completed application and forms to:
International Orphan Aid
Po Box 535
Carthage, MO 64836



VOLUNTEER APPLICATION

This form is **CONFIDENTIAL** and will be used only for the purposes stated.

Today's Date:

Personal Data (Please Print or Type)

Legal name:
(LAST,) (FIRST) (MIDDLE)

Preferred name if different from above: Shirt size:

Address 1:

Address 2:

City..... State Zip

Home phone:(cell) Work phone:

Email Address:

Emergency Contacts: Name / Phone Number / email

...../...../.....

...../...../.....

If applicant is under 18 years of age, name(s) of parent(s) or legal guardian(s)

...../...../.....

...../...../.....

Do you have a current passport?:..... Passport#: Country:

Passport issue date: Expiration date:

Name as it appears on your passport:.....

Country of citizenship:.....

What are your desired dates to serve at BYKOTA House:.....

Do you have a criminal record? If yes, please explain.:

.....

Has there ever been a charge made against your personal morals or ethics?:

.....



Has there ever been any cause for concern regarding your conduct with children or vulnerable adults?

.....

Are you now or have you ever been disqualified from working with children or vulnerable adults?

.....

Educational history:

Occupational history:

Please list any relevant skills, talents, or professional training you might have including languages.

.....

.....

What are your hobbies, talents, or interests? (ex. arts, music, skills)

.....

.....

Are you interested in teaching any of these to kids?

Yes No Maybe

Do you have previous cross cultural experiences? (ex. missions trip, travel, ect.)

.....

.....

Do you have any previous experience teaching or working with children? (ex. VBS, teaching Sunday school, youth group)

.....

.....

Why are you interested in volunteering at Bykota House?

.....

.....

What do you hope to learn and gain from this experience?

.....

.....

Do you have any special interests you hope to experience while in Cambodia?



.....
.....

Do you attend church?

Where do you consider your home church?

Minister's name: Email:

Have you decided to make Jesus your personal Lord and Savior? If so can you write a short paragraph telling about your spiritual life.

.....
.....
.....

How did you come to have a personal relationship with Jesus Christ?

.....
.....
.....

If you've never before taken a personality test you might consider taking this free online personality test (<http://www.humanmetrics.com/cgi-win/jtypes2.asp>):

Describe how others might view your personality:

.....
.....

Describe your strengths:

.....

Describe your weaknesses:

.....

Describe previous any international travel, dates, purpose of trip.

.....
.....
.....
.....



How did you learn about this opportunity with BYKOTA HOUSE?

.....

.....

.....

Why would you like to participate in this opportunity?

.....

.....

.....

Do you have any questions or concerns you would like us to address?

.....

.....

.....

Please fill in your answers as completely as possible. Use a second sheet if necessary.



APPLICATION AGREEMENT

I understand and agree to the following policies:

I understand that my \$150 application fee is due upon submission of my application with International Orphan Aid.

I understand that, based on Federal Income Tax law, gifts are given for the general support of International Orphan Aid, BYKOTA HOUSE related projects and not to me specifically. Should I not participate in this volunteer opportunity, donations will be used for other expenses related to International Orphan Aid, BYKOTA HOUSE.

I understand that I cannot raise support for this volunteer position until I have been officially notified of my acceptance.

I understand that this volunteer position requires flexibility, maturity, and teach-ability on my part. If there is a difference of opinion, the ultimate decision will be made by International Orphan Aid, BYKOTA HOUSE leadership.

Signature

Date

When you've completed your application please sign this agreement then scan and email all documents to us at. Volunteer@orphanaid.org

For office use only:

Date Rec'd _____

Service Date _____

App fee Rec'd _____

Email your completed application and forms to:
volunteer@orphanaid.org
Then also mail your completed application and forms to:
International Orphan Aid
Po Box 535
Carthage, MO 64836



BACKGROUND SCREENING CONSENT

Applicant should complete all relevant information and sign and date this form.

I, _____, hereby authorize **INTERNATIONAL ORPHAN AID** and/or its agents to make an independent investigation of my background that may include: references, character, past employment, education, credit history (if applicable for position), adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with **INTERNATIONAL ORPHAN AID**.

I release **INTERNATIONAL ORPHAN AID** and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Social Security Number: _____ Date of Birth*: ____/____/19____

Present Address _____

City _____ State _____ Zip _____

How Long at Present Address? _____

Former Address _____

City _____ State _____ Zip _____

How Long at Former Address? _____

Please list all states and counties of residence since turning age 18:

(Please circle any of the following states in which you have lived: CA, CO, DE, LA, MA, SD, VT, WV, WY)

Driver's License Number: _____ State of License: _____

Signature of Applicant / Date

Are you applying for employment in California, Minnesota or Oklahoma? Yes ___ No ___ If so, do you want a copy of any Consumer Report prepared concerning you? Yes ___ No ___

I understand that California law requires **INTERNATIONAL ORPHAN AID** to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose **INTERNATIONAL ORPHAN AID** to liability (Section 1786.29).

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. **INTERNATIONAL ORPHAN AID** abides by all applicable state and federal employment laws.



MEDICAL RELEASE

This form must be filled out in order for you to participate in International Orphan Aid volunteer opportunities.

Name: _____ Birth Date: _____

Address _____

City: _____ State: _____

Home Phone: (____) _____ Work Phone: (____) _____

Medical Insurance Provider: _____

ID#: _____ Group#: _____

Will your medical insurance cover you out of country? _____

Name of Primary Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Emergency Local Contact: _____ Relationship: _____

Address: _____ Phone # _____

City: _____ State: _____ Zip: _____

Please check if you suffer from any of the following medical conditions:

Hypertension Hypoglycemia Bleeding Disorders Heart Disease

Heart Disease Migraines Seizures Insect allergy

Asthma Chronic Anxiety Arthritis Depression

Glaucoma Diabetes

Physical limitations: Please list: _____

List any medications (prescriptions or OTC) taken on a regular basis:

List Medical and Food Allergies: _____

Blood Type: _____ Have you had any surgery in the past three years? _____

If so, please explain: _____

Are you pregnant? _____ Due Date: _____

In an emergency, I give my permission to a licensed physician to hospitalize or anesthetize me or perform surgery on me. I understand that every effort will be made to inform my emergency contact before these actions are taken.

Signature: _____ Date: _____



RELEASE AND INDEMNIFICATION AGREEMENT
International Orphan Aid, USA

I desire to participate in an International Orphan Aid volunteer opportunity with BYKOTA House, and as a part of that participation, I agree to the following:

I release from responsibility and forever waive any right I have for any action or any claim of any sort, including but not limited to: any personal injury, property damage, or wrongful death, whether known or unknown, against International Orphan Aid and BYKOTA House or any of its staff, officers, board, residents, agents, representatives or volunteers (collectively referred to as "Releasees") that might occur as part of participation in this project.

I further indemnify and hold harmless the Release from any claim or litigation for compensatory or punitive damages, included but not limited to: judgments, assessments, and/or attorneys' fees arising out of participation in the project.

I understand this Agreement is continuing in nature. I agree to it knowingly and voluntarily, and without duress or undue influence.

I give International Orphan Aid and any person acting under its authority permission to publish, distribute, broadcast, license, copyright, promote, and sell any form of visual, print or audio recording of my participation, including application of any visual or auditory special effects. I release any claims of copyright or ownership, and agree that these materials may be duplicated or distributed with or without compensation or liability, in perpetuity.

I understand that International Orphan Aid is obtaining this release and assignment of copyright in order to conform to U.S. copyright laws and international copyright treaties and conventions.

IN WITNESS WHEREOF, the undersigned hereby executes this Agreement on the date set forth below:

Date: _____

Participant's Signature: _____

Printed Name: _____

Email your completed application and forms to: volunteer@orphanaid.org
Then also mail your completed application and forms to: International Orphan Aid Po Box 535 Carthage, MO 64836



PERSONAL REFERENCE # 1

Please email to:
volunteer@orphanaid.org

Applicant Name (Please Print): _____

1. How long have you known the applicant? _____ Under what circumstances have you known the applicant? Home School Church Business Pastor Other

2. Do you believe the applicant to be a genuine believer? _____ How long? _____
On what basis? _____

Please circle the term/phrase that best applies:

3.	Consideration of Others	Self-centered, indifferent	Slow to sense how others feel	Reasonably responsive	Understanding and thoughtful	Responds with unusual insight & consideration
4.	Attitude toward authority	Unmanageable	Disrespectful, critical	Indifferent or independent	Usually submissive	Respectful, cooperative
5.	Teachability	Rigid, argumentative	Highly opinionated	Open-minded	Willing to receive instruction	Eager to receive instruction
6.	Teamwork	Frequently causes friction	Prefers to work alone	Usually cooperative	Works well with others	Exceptionally cooperative
7.	Conduct with opposite sex	Definitely unprincipled	Questionable	Generally Good	Above reproach	Exemplary
8.	Home environment	Non-Christian	Much lacking	Nominally Christian	Spiritually oriented	Excellent



9. Circle the main gift(s) you feel this applicant has

Administration	Encouragement	Service	Teaching	Giving
Showing Mercy	Evangelism	Preaching		

10. To your knowledge, has the applicant ever been involved in drugs? _____ Pornography? _____

11. What do you consider the applicant's strong points? _____

12. What do you consider the applicant's weak points? _____

13. Specific recommendation: Recommended Not recommended

 Prefer not to make a recommendation

14. I agree I am over the age of 18

Name (Please Print) _____ Date _____

Address _____ Phone _____



PERSONAL REFERENCE # 2

Please email to:
volunteer@orphanaid.org

Applicant Name (Please Print): _____

1. How long have you known the applicant? _____ Under what circumstances have you known the applicant? Home School Church Business Pastor Other

2. Do you believe the applicant to be a genuine believer? _____ How long? _____
On what basis? _____

Please circle the term/phrase that best applies:

3.	Consideration of Others	Self-centered, indifferent	Slow to sense how others feel	Reasonably responsive	Understanding and thoughtful	Responds with unusual insight & consideration
4.	Attitude toward authority	Unmanageable	Disrespectful, critical	Indifferent or independent	Usually submissive	Respectful, cooperative
5.	Teachability	Rigid, argumentative	Highly opinionated	Open-minded	Willing to receive instruction	Eager to receive instruction
6.	Teamwork	Frequently causes friction	Prefers to work alone	Usually cooperative	Works well with others	Exceptionally cooperative
7.	Conduct with opposite sex	Definitely unprincipled	Questionable	Generally good	Above reproach	Exemplary
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