



# Overseas Volunteer Trip Application Form

Email: [Linda@Zest4Kidz.com](mailto:Linda@Zest4Kidz.com) Phone: (01) 206-3872 Web: [www.zest4kidz.com](http://www.zest4kidz.com) Charity Reg. CHY 17374

I would like to apply for a Zest4Kidz team trip to:

Destination \_\_\_\_\_ Dates: \_\_\_\_\_ (1st Choice)

Destination \_\_\_\_\_ Dates: \_\_\_\_\_ (2nd Choice)

By indication this destination I confirm that I am able to travel during the listed dates, and if accepted I commit to being an active member of this team, attending team meetings before the trip and participating fully the team life during the trip.

## Your Information

Full Name   
*(as on your passport)*

Current Age  Date of Birth  Gender   
*(dd/mm/yyyy)*

Occupation  Passport No.

Passport Nationality  Passport Expiry Date   
*(dd/mm/yyyy)*

*Please note that **your passport must be valid at least 6 months beyond the trip return home date.**  
Please submit two copies of the photo ID page of your passport with application.*

Home Address

Home Phone

Mobile Phone

Email

## General Information

How did you hear about Zest4Kidz?

Why are you interested in participation in a Zest4Kidz overseas trip?

Why did you select this particular country above?

## General Information Continued

What are your expectations for the trip and the work we will be doing?

What do you feel you can contribute to the trip and group?

Do you have any concerns about the trip in general or specifically?

Please list any previous voluntary experience and/or overseas travel.

Have you read the relevant trip manual for your trip?  Yes  No  
(Available for download on our website [www.zest4kidz.com](http://www.zest4kidz.com))

## PR Information

If you are accepted on this Zest4Kidz trip would you be willing to have some local media coverage about your participation in the trip?  Yes  No

If you answered yes to the above question, please list any local radio, newspaper, website or other publications from your town, school, college or company.

**Medical Details (Confidential)**

Name \_\_\_\_\_

Disclosure of your medical details does not necessarily prevent you from participating in a Zest4Kidz overseas volunteer trip. Any hospital or medical practitioner not having access to your medical history will need the following information. These details will be confidential and only seen by your team leader and appropriate Zest4Kidz staff.

**Successful applicants may be required to obtain written confirmation from their doctor that they are fully fit to participate in this volunteer trip.**

Do you suffer from any allergies? (*food, medicine, bee stings, etc.*)

Please list any medications you are currently taking and the condition you are taking them for.

Do you have any physical impairment? If so, please describe.

Do you suffer from epilepsy, asthma, back problems, other chronic illness?

Have you had any serious heart, lung, kidney problems or any major illness or surgery in the last 3 years?

Please list any other medical history which may be pertinent including current or recent pregnancy.

**Zest4Kidz insist you consult your GP at least 6 weeks prior to travel regarding the vaccination requirements specific to your trip.** Have you checked with your GP about injections you may need before travel?  Yes  No

**Emergency Contacts (Please list whom we should contact in event of emergency)**

	Contact #1	Contact #2
Name	<input type="text"/>	<input type="text"/>
Home Phone	<input type="text"/>	<input type="text"/>
Mobile Phone	<input type="text"/>	<input type="text"/>
Relationship to You	<input type="text"/>	<input type="text"/>
Name & Phone your GP		<input type="text"/>
May Zest4Kidz contact these people in event of emergency? <input type="radio"/> Yes <input type="radio"/> No		

## Child Protection

**References: Please provide the names of two individuals who can provide a character reference.**

Name <input type="text"/>	Name <input type="text"/>
Email <input type="text"/>	Email <input type="text"/>
Telephone <input type="text"/>	Telephone <input type="text"/>
Home Address <input type="text"/>	Home Address <input type="text"/>
Relationship to you <input type="text"/>	Relationship to you <input type="text"/>

Have you ever been convicted of a criminal offence or been the subject of caution?  Yes  No

Nature of offence \_\_\_\_\_ Date of offence \_\_\_\_\_

Do you agree to participate in the Zest4Kidz Garda vetting process?  Yes  No

I have read and agree to adhere to the Zest4Kidz Child Protection Policy  Yes  No

## Declaration

I declare that all the information provided herein is to the best of my knowledge and belief, full, true and correct.

Should any medical issues arise between now and the date of travel, I will disclose this information to the trip leaders/Zest4Kidz.

If accepted for a Zest4Kidz overseas volunteer trip, 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 Zest4Kidz. If for any reason I am no longer participating in the trip, I will submit all donated money to Zest4Kidz.

If accepted for a Zest4Kidz overseas volunteer trip, I agree to fulfill the team leaders' requirements for participation in team activities before, during and after the Zest4Kidz trip. I understand that this is a team-based project and will do my best to make this a positive experience for my fellow team members and the people we meet in-country.

I understand that my place on the team can be revoked at any stage during the preparation for or during the time of the trip if my behaviour is inconsistent with the ethos, requirements or commitments agreed for the trip. If I am involved in any illegal activity or caught in the possession of illegal drugs or weapons during the Zest4Kidz trip, I will be evacuated immediately at my own expense.

I agree that all post-trip communication between myself and Zest4Kidz in-country partners (including children & in-country organisations) will not take place without written permission from Zest4Kidz.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Data Protection

Zest4Kidz will hold the content of this application on file but will not release the information to any third party (Details will be shared with the team leaders).

From time to time you may receive information from Zest4Kidz regarding trip opportunities and information on our in-country projects. If you do not wish to receive these mailings please tick this box.

## Checklist - Complete application forms must include the following:

- All sections of the application form complete
- Signature on this page of application
- 2 copies of the photo ID page of your passport
- Signed waiver
- Completed Garda vetting form
- Deposit of €200 (by cheque, postal order or bank draft only) made out to: 'Zest4Kidz'. This payment is non-refundable once a place on the trip has been accepted.

**Please return completed form to:**

**Zest4Kidz  
21 Cruagh Court  
Stepaside  
Dublin18  
IRELAND**

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!  
YOU MAY WISH TO OBTAIN LEGAL ADVICE BEFORE SIGNING.

**IMPORTANT:** Each participant must have a signed "Zest4Kidz Release and Waiver of Liability" on file prior to departure  
Please complete this form now and return to your team leader or Zest4Kidz. Please print all information in blanks provided.

## ZEST4KIDZ RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ (the "Volunteer") in favour of ZEST4KIDZ, a registered charity in Ireland (charity number CHY 17374) and company limited by guarantee incorporated in Ireland (registration number 444 418) their affiliated organisations in other nations, directors, officers, employees, and agents (collectively "Zest4Kidz").

In consideration of Zest4Kidz involving me in its activities, I hereby freely and voluntarily, without duress, execute this Release under the following terms:

**1. WAIVER AND RELEASE.** I, the Volunteer, release and forever discharge and hold harmless Zest4Kidz and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my work for Zest4Kidz. I understand and acknowledge that this Release discharges Zest4Kidz from any liability or claim that I, the Volunteer, may have against Zest4Kidz with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my participation with a Zest4Kidz overseas volunteer trip. I also understand that Zest4Kidz does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).

**2. INSURANCE.** I, the Volunteer, understand that, except as otherwise agreed to by Zest4Kidz in writing; Zest4Kidz does not carry or maintain health, medical, or disability insurance coverage for any volunteer. Zest4Kidz's Board of Directors requires all Zest4Kidz overseas volunteer trip members to have appropriate Travel Insurance. Insurance is paid for by the Volunteer separate from of the Volunteer's Zest4Kidz overseas volunteer trip fee.

**3. MEDICAL TREATMENT.** Except as otherwise agreed to by Zest4Kidz in writing, I hereby release and forever discharge Zest4Kidz from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services during my time with Zest4Kidz.

**4. ASSUMPTION OF RISK.** I understand that my time with Zest4Kidz may include activities that have a risk of injury or harm to me, including, but not limited to, construction activities, sports activities, and local transportation to and from in-country projects. Therefore, I recognise and understand that my time with Zest4Kidz may, in some situations, involve activities that have a high risk factor.

I also understand that in addition to consuming local foods and living in accommodations which are available in the country/(ies) visited, I may be traveling to and from locations which pose risks from terrorism, war, insurrection, or criminal activities.

I also understand that, in order to protect its employees and volunteers in all countries around the world, it is Zest4Kidz's policy that it will not pay ransom or make any other payments in order to secure the release of hostages.

I hereby expressly and specifically assume the risk of injury or harm that may arise during my period of volunteering with Zest4Kidz and release Zest4Kidz from all liability for injury, illness, death or property damage that may arise during that period.

**5. PHOTOGRAPHIC RELEASE.** I grant and convey unto Zest4Kidz all right, title, and interest in any and all photographic images and video or audio recordings made by Zest4Kidz during my work for Zest4Kidz, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**6. OTHER.** *The construction, performance and validity of this Release shall in all respects be governed by the law of Ireland. The jurisdiction for the settlement of any disputes arising under or in connection with this Release shall be Ireland.*

*I agree that in the event that any clause or provision of this Release shall be held to be invalid, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue and be enforceable.*

IN WITNESS WHEREOF, I, Volunteer have executed this Release, in the presence of a witness, as of the day and year first above written.

**Volunteer Name:** ..... (please print) **Signature:** .....

**Address:** ..... **Date:**.....

**Witness Name:** ..... (please print) **Signature:** .....

**Telephone (Home)**.....**(Work)**..... **Date:** .....

## Zest4Kidz Team Member Information

Please ensure you understand this information before submitting your application form

### **Medical Declaration**

For your safety, please make a full and accurate declaration of your health status on the application form (this will be handled confidentially). If your health status changes before the team's departure, you are required to inform your team leader of changes. You are responsible for having the appropriate vaccinations as advised by a health professional.

You must submit written confirmation from your GP that you are fit to participate in an international Zest4Kidz trip if any of the following apply:

- ✓ If you suffer from any long-term illness or condition (other than asthma, unless it is severe)
- ✓ If you have any physical impairments
- ✓ If you have had any serious heart, lung, kidney problems or any major illness or surgery in the last 3 years
- ✓ If you are over 60 years of age or under 18 years of age.

### **Zest4Kidz Cancellation**

Zest4Kidz may cancel a team's plans to travel to the destination country due to change in government travel warnings for the country, World Health Organisation or Centre for Disease Control travel advisories for the country, suspension of international airline services to the country, weather warnings or unexpected changes to the Zest4Kidz programme.

In the event of Zest4Kidz cancellation, Zest4Kidz staff will do everything possible to re-route the team to another destination or to suspend the trip until a later date. If the new destination or date does require more cost, team members will be required to procure further funds. If it is impossible to re-route the team to another destination or time, Zest4Kidz will hold any unspent funds for a future Zest4Kidz experience.

### **Individual or Team Cancellation**

If an individual or team cancels their participation in the Zest4Kidz overseas volunteer trip:

Up to 30 days prior to the trip departure date, any **personal payments** will be refunded except a deposit of €200, and costs incurred by the sending and hosting Zest4Kidz programmes (i.e. airfare, booking accommodation, administration fees, etc). If cancellation occurs within 30 days of the intended trip, all personal payments submitted by the participant will be retained by Zest4Kidz to be used as originally intended.

If a team member or team cancel after costs have been incurred on their behalf by Zest4Kidz (i.e. flight deposits) but before they have submitted payment for same, they will be required to submit sufficient funds to cover any such costs. Depending on the reason for cancellation, a claim may be made to the insurance company for losses.

If an individual or team cancels at any stage in the preparation, all fundraised monies or monies donated by a third party will either (a) be used as allocated for expenses/ be included in the team's donation or if this is impossible (i.e. whole team cancels) (b) be deferred for a future Zest4Kidz experience, at the discretion of Zest4Kidz.

If neither of these options are suitable due to circumstances, donated funds will be returned to donors in so far as is possible. Failing that, donated funds will be transferred or retained for a similar Zest4Kidz experience.

**Team members have a duty to submit all monies donated for the purpose of their Zest4Kidz trip to Zest4Kidz, and should there be any outstanding funds at the time of cancellation, all donations must be submitted promptly to Zest4Kidz.**

**All monies fundraised for a Zest4Kidz trip belong to Zest4Kidz, and should be submitted promptly. Volunteers do not have the right, nor is it ethical, to use donated funds for any other purpose or cause.**



Have you ever been convicted of an offence in the Republic of Ireland or elsewhere?

No  Yes  Please provide details

DATE	COURT	OFFENCE	COURT OUTCOME

**DECLARATION OF APPLICANT**

I, the undersigned who have applied for a position as a volunteer hereby authorise An Garda Síochána to furnish to **Volunteer Ireland** a statement that there are no convictions recorded against me in the Republic of Ireland or elsewhere, or a statement of all convictions and / or prosecutions, successful or not, pending or completed, in the State or elsewhere as the case may be.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
PLEASE PRINT ALSO ( \_\_\_\_\_ )

***FOR OFFICIAL USE ONLY***

Authorised Signatory: \_\_\_\_\_ (Volunteer Ireland)  
PLEASE PRINT ALSO ( \_\_\_\_\_ )

Registration Number: \_\_\_\_\_ Date: \_\_\_\_\_

***To be completed by the Garda Central Vetting Unit***

According to Garda records there are no previous convictions recorded against the above named applicant:

**OR** the attached convictions appear on Garda Records:

**OR** the attached prosecutions are pending:

**NOTE:** Checks were carried out by this office based on the information supplied.  
The convictions supplied may apply to the subject of your enquiry.  
Please verify information disclosed with the applicant.

Signed: \_\_\_\_\_ Member I/C

C.V.U.