**2020 International Volunteer Application Form**

**Section 1: Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name: |  | First Name(s): |  |
| Address:  |  | Photo |
|  |
|  |
| Country: |  | Post Code: |  |
| Telephone: |  | Mobile: |  |
| Date of Birth: |  | Nationality: |  |
| Email Address: |  |

**Section 2: Your Scouting**

|  |  |
| --- | --- |
| Role(s) Held in Scouting: |  |
| National Association Registered with: |  |
| Scouting Experience (e.g. Jamborees, Leader Training etc.): |  |
|  |
| How have you heard about the Center? |   |

**Section 3: About You**

|  |  |
| --- | --- |
| Profession: |  |
| Highest Educational Qualification:(e.g. High School Diploma, BA Degree etc) |  |
| English Proficiency:(e.g. Native, Fluent, Advanced etc) | Please attach results of English language tests or signed document from English institution. (e.g. IELT, TOEFL, etc) |

**Section 4: Dates**

|  |
| --- |
| Please indicate for which term you would like to apply:1st Term in 2020 : April – June, 2020 [ ] 2nd Term in 2020 : September – November, 2020 [ ] Below are the term dates for 2019. You must arrive/departure in/from Korea during the specific period written below(when booking flights, be aware that you can only stay a maximum of 90 days in Korea). |
| **Term** | **Arrival dates** | **Departure dates** | **Closing Date for Applications** |
| 1st Term 2020 | Middle of March 2020 | Middle of June 2020 | 31 December 2019 |
| 2nd Term 2020 | Not confirmed | Not confirmed | 31 May 2020 |

**Section 5: Motivation and Experience**

|  |  |
| --- | --- |
| Motivation for Applying: |  |
|  |
| Relevant Previous Experience: |  |
|  |
| Skills (such as languages/sports/music etc): |  |
|   |

**Section 6: To be Completed by all Applicants**

|  |
| --- |
| If I am selected to work as an International Volunteer at the Suncheon Asia Pacific Scout Center, I agree to follow my Scout promise to do my best, and work towards creating a better Suncheon. I am prepared to follow the advice of the Center and follow the Center rules (see handbook).I enclose the following documents:Introduction Letter [ ] Medical Certificate [ ] International Letter of Introduction [ ]Photograph [ ] Reference [ ] Result of English test [ ]A copy of passport [ ] Copies of Certificates Etc. [ ] |
| Signature:  |  | Date: |  |

**Section 7: To be Completed by your National Headquarters**

|  |  |
| --- | --- |
| Scout Association: |  |
| Name and Position of Official: |  |
| I confirm that the applicant is a registered member of the above association, and to the best of our knowledge, is capable of fulfilling the work required by the position for which he/she has applied. [ ] (please tick) |
| I declare that the applicant does not have a criminal record, and that they treat youth members and fellow Scouters respectfully. [ ] (please tick) |
| Signature: |  | Date: |  |
| Comments: |  |
|  |

**Section 8: Self Introduction Video or Audio Clip(30sec~1min)**

Please make a Self Introduction Video Clip or Audio Clip and send it. It would be great to make it between 30 seconds to 1 minute. This is to check your communication skill as well as your motivation, skills etc. Send us your file (mp4/mp3/mov/avi etc) or video/audio download link.

**International Volunteer Medical Certificate**

**Section 1: Personal Details (of the examined person)**

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name: |  | First Name(s): |  |
| Address: |  |
| Country: |  | Postcode: |  |
| Date of Birth: |  | Telephone no.: |  |

**Section 2: General Health of the Above**

|  |  |
| --- | --- |
| In your opinion, is the above named physically and mentally able to do strenuous work for 3 Months? |  |
| Does the above named have any physical or mental deficiency that could influence their ability to work at the Suncheon Asia Pacific Scout Center? |  |
| If the second question is answered ‘yes’, please provide more details below: |  |
|  |
| Does the above named take any regular medication? |  |
| If answered ‘yes’ please specify below: |  |
|  |
| Does the above have any allergy to food, medication etc.? Please give details. |  |
|  |

**Section 3: Signature**

|  |
| --- |
| I confirm that the above named person was examined by myself today, and that their physical and mental state on that date is reflected in section 2 of this form. To the best of my knowledge, this person is capable of fulfilling the work at the center as required by the position for which he/she has applied. |
| Name: |  | Stamp: |
| Surgery Address: |  |
| Comments: |  |
| Signature:  |  | Date: |  |