



FIELD ASSISTANT (INTERNSHIP) PROGRAM
APPLICATION FORM

If completing this form by hand please use black ink only & print clearly

Name: (last) (first) (middle) (preferred)
Address:
Postcode: Country:
Phone: Home: Work:
Mobile: Fax:
Email: Main: Alt:

PERSONAL DATA

Date of Birth: mm\_\_ dd \_\_ yy \_\_ Age:\_\_ Male Female Married Single

If married, is your spouse also applying? Yes No Spouse's name:

Please list dependant children, living with you, who would serve with you below:

Table with 5 columns: Child's Name, Birth Date (dd/mm/yyyy), Gender (M/F), Year in School, Special Needs

Complete the following only if you currently possess a valid passport. Required for international travel.

Passport number: Place of issue/authority:
Issue date:(mm) (dd) (yy) Expires:(mm) (dd) (yy) Citizenship:

Name of the Place of Worship you currently attend:

MAKING APPLICATION FOR:

Short-term (30 - 120 days, renewable) Career (2 year or longer)

The dates I wish to serve are from (dd) (mm) (yy) to (dd) (mm) (yy)

I am able to serve (choose one category, indicate length of time): Weeks Months Years

Position I desire:

**EDUCATION** Please list schools (intermediate/high school/technical/college/university/seminary) you have attended

| Name of Establishment | Location | Dates attended | Qualification |
|-----------------------|----------|----------------|---------------|
|                       |          |                |               |
|                       |          |                |               |
|                       |          |                |               |

**PROFESSIONAL LICENSES OR CERTIFICATIONS** Please list current professional licenses or certificates you hold

| Type | Nationality |
|------|-------------|
|      |             |
|      |             |
|      |             |

**WORK EXPERIENCE** Please list your last 3 employers and include your CV

| Employer | Position | Dates served |
|----------|----------|--------------|
| 1.       |          |              |
| Address: |          |              |
| 2.       |          |              |
| Address: |          |              |
| 3.       |          |              |
| Address: |          |              |

**SKILLS LIST** Please indicate by 1, 2 and 3 the three skills you are most qualified to use in Missionary Ventures

- |  |  |   |  |
|--|--|---|--|
| <p><b>ADMINISTRATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Management</li> <li><input type="checkbox"/> Office / clerical</li> <li><input type="checkbox"/> Secretarial / Personal Asst.</li> <li><input type="checkbox"/> Receptionist</li> <li><input type="checkbox"/> Human Resources</li> <li><input type="checkbox"/> Purchasing/procurement</li> <li><input type="checkbox"/> Inventory control</li> <li><input type="checkbox"/> Transport/shipping</li> <li><input type="checkbox"/> Logistics</li> </ul> <p><b>AGRICULTURE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Farming</li> <li><input type="checkbox"/> Animal Husbandry</li> <li><input type="checkbox"/> Horticulture</li> </ul> <p><b>CONSTRUCTION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Landscaping</li> <li><input type="checkbox"/> Electrician</li> <li><input type="checkbox"/> Plumber</li> <li><input type="checkbox"/> Refrigeration</li> <li><input type="checkbox"/> Mechanic</li> <li><input type="checkbox"/> Carpenter</li> <li><input type="checkbox"/> Cabinetmaker</li> <li><input type="checkbox"/> General Construction</li> <li><input type="checkbox"/> Grounds Maintenance</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Concrete Work</li> <li><input type="checkbox"/> Waste Water Management</li> <li><input type="checkbox"/> Property Management</li> <li><input type="checkbox"/> Welding</li> <li><input type="checkbox"/> Steel Repair</li> <li><input type="checkbox"/> Well Drilling</li> </ul> <p><b>COMMUNICATIONS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Photography</li> <li><input type="checkbox"/> Press Relations</li> <li><input type="checkbox"/> Marketing</li> <li><input type="checkbox"/> Graphic Arts</li> <li><input type="checkbox"/> Video Productions</li> <li><input type="checkbox"/> Videography</li> <li><input type="checkbox"/> Print Production</li> <li><input type="checkbox"/> Journalism</li> <li><input type="checkbox"/> Fund Raising (Field Rep)</li> <li><input type="checkbox"/> Public Relations</li> <li><input type="checkbox"/> Sound Technician</li> <li><input type="checkbox"/> Recruitment</li> </ul> <p><b>EDUCATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> School Principal</li> <li><input type="checkbox"/> School Teacher</li> <li><input type="checkbox"/> Nursery Teacher</li> <li><input type="checkbox"/> Home Schooling</li> <li><input type="checkbox"/> Nanny/Au Pair</li> </ul> | <p><b>HEALTH CARE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anesthesia</li> <li><input type="checkbox"/> Administration</li> <li><input type="checkbox"/> Laboratory</li> <li><input type="checkbox"/> Dental</li> <li><input type="checkbox"/> Nursing</li> <li><input type="checkbox"/> Pharmacology</li> <li><input type="checkbox"/> Public Health</li> <li><input type="checkbox"/> Physical Therapist</li> <li><input type="checkbox"/> Physician</li> <li><input type="checkbox"/> Surgeon</li> <li><input type="checkbox"/> X-Ray Technician</li> </ul> <p><b>FINANCE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Controller</li> <li><input type="checkbox"/> Accounting</li> <li><input type="checkbox"/> Book-keeping</li> <li><input type="checkbox"/> Data Entry</li> </ul> <p><b>MINISTRY SKILLS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dramatic Presentation</li> <li><input type="checkbox"/> Proclamation/Teaching</li> <li><input type="checkbox"/> Pastoral Care</li> <li><input type="checkbox"/> Counseling</li> <li><input type="checkbox"/> Musician</li> </ul> | <p><b>TECHNICAL/ ENGINEERING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Computer Programmer</li> <li><input type="checkbox"/> Computer Technician</li> <li><input type="checkbox"/> Electronics Technician</li> <li><input type="checkbox"/> Telephone Technician</li> <li><input type="checkbox"/> Systems Design</li> <li><input type="checkbox"/> Web Page Design</li> <li><input type="checkbox"/> Network Skills</li> </ul> <p><b>SERVICE INDUSTRIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Catering/Food Prep</li> <li><input type="checkbox"/> Seamstress</li> <li><input type="checkbox"/> Postal service</li> <li><input type="checkbox"/> Hair Stylist</li> <li><input type="checkbox"/> Sales</li> <li><input type="checkbox"/> Host(ess)/Tour Guide</li> <li><input type="checkbox"/> Housekeeper</li> </ul> <p><b>OTHER SKILLS/GIFTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> (_____)</li> <li><input type="checkbox"/> (_____)</li> <li><input type="checkbox"/> (_____)</li> </ul> |
|--|--|---|--|

In which skill or profession do you have the most experience? \_\_\_\_\_

Please specify any other talent, skill, certification, or professional qualification(s) not noted above:  
 \_\_\_\_\_

**SERVICE LOCATION PREFERENCE** *Indicate the 1st, 2nd and 3rd preference of your service location*

- |                                     |                                       |                                       |                                       |
|-------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Ecuador    | <input type="checkbox"/> Guatemala    | <input type="checkbox"/> Honduras     | <input type="checkbox"/> Nicaragua    |
| <input type="checkbox"/> Costa Rica | <input type="checkbox"/> Colombia     | <input type="checkbox"/> Peru         | <input type="checkbox"/> Uganda       |
| <input type="checkbox"/> Malawi     | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

**LANGUAGE SKILLS**

| Language | Spoken Skill             |                          | Written Skill            |                          | Translation Skill        |                          |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|          | Conversational           | Limited                  | Conversational           | Limited                  | Fluent                   | Limited                  |
| English  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**CROSS-CULTURAL EXPERIENCE** *Please describe any experience you have living outside of your own culture*

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**PLEASE ANSWER THE FOLLOWING QUESTIONS**

- Yes  No Have you ever applied for and/or served with Missionary Ventures in the past? If so, dates:
- Yes  No Do you have any relatives who serve or have served with Missionary Ventures? If so, whom?
- Yes  No Do you have any friends currently serving with Missionary Ventures? If so, whom?
- Yes  No Are you aware that Missionary Ventures is a volunteer, non-salaried service organisation?
- Yes  No Are you able to raise the financial support necessary to serve with Missionary Ventures?
- Yes  No Have you ever been denied an entry visa? If so, where?
- Yes  No Have you ever been convicted of a criminal offence?  
*Background checks will be performed on those working with children or finances, and others as deemed prudent*
- Yes  No Are there any circumstances (medical or other) which could interfere with your meeting the requirements of the position or program for which you are applying? If yes, please explain:

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To assist us in the use of our resources, please indicate where you heard about Missionary Ventures:

- Internet  Friend  Magazine  Short-term visit  Other: \_\_\_\_\_

**PERSONAL PROFILE** *Please answer the following:*

1. Please explain why you wish to serve with Missionary Ventures:

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2. In Missionary Ventures we seek to follow the example of Jesus. Please describe what this means to you:

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**AUTHORISATION:**

I understand that this application for service, and any additional information requested, will be administered at the MotiVate / Missionary Ventures NZ Office in Auckland, New Zealand.

I further understand that copies may be transmitted by fax, email or post to the Missionary Ventures International office in Orlando, FL, USA as well as to MV Field Personnel as appropriate.

I certify that all statements given on this application are correct with no omissions.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature of Parent or Guardian if applicant under 18 years of age*

\_\_\_\_\_  
*Date (dd/mm/yy)*

*Thank you! We appreciate your interest in serving with Missionary Ventures!*

**Please return this completed form to:**

MotiVate / Missionary Ventures NZ  
Box 35260, Browns Bay  
Auckland 0630, New Zealand

**For further information:**

Phone/Fax: 09 889 2642  
Email: info@mvnz.org  
Web: www.mvnz.org / www.mvi.org

# Emergency Contact

Name: \_\_\_\_\_

## PRIMARY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/City/Post code: \_\_\_\_\_

Phone numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Other: \_\_\_\_\_

## SECONDARY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/City/Post code: \_\_\_\_\_

Phone numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Addendum A1**

**Friend Reference Form**

|                           |                                     |
|---------------------------|-------------------------------------|
| <u>Name of Applicant:</u> | <u>Applicant's Mailing Address:</u> |
| _____                     |                                     |
| (family)                  |                                     |
| _____                     |                                     |
| (first)                   |                                     |
| _____                     |                                     |
| (mid. Initial)            |                                     |

|                             |   |   |   |
|-----------------------------|---|---|---|
| <u>Notice to applicant:</u> | <ul style="list-style-type: none"> <li>• Please complete your name and address in the above boxes.</li> </ul> | <ul style="list-style-type: none"> <li>• Ask a close friend to complete this Reference Form.</li> </ul> | <ul style="list-style-type: none"> <li>• Ask that the form be mailed to the address below.</li> </ul> |
|-----------------------------|---|---|---|

- *Missionary Ventures follows the example of Jesus. Missionary Ventures brings hope and healing to the poor, mobilising people and resources worldwide.*
- *Applicants who serve in our bases are often subjected to physical and emotional stresses, which should be considered in your evaluation of their personal capabilities within Missionary Ventures.*
- *Please visit our website at [www.mvi.org](http://www.mvi.org) to obtain further information about Missionary Ventures.*

**INSTRUCTIONS:**

- Answer the following to better equip us to consider the applicant for service with Missionary Ventures.
- As appropriate, we invite you to communicate all you note here with the applicant.
- Use the reverse and/or attach additional paper as required.
- Thank you. Please make a copy for your records, then return this completed form to →→→→

Please return this completed form to the Missionary Ventures New Zealand Office

|   |
|---|
| 1. How long, and in what association have you known the applicant?  |
| 2. Please evaluate the applicant in the following areas:  |
| <input type="radio"/> Character:<br><br><input type="radio"/> Skills, abilities, strengths and talents:<br><br><input type="radio"/> Emotional stability: |
| 3. Do you have any reservations regarding this person's service with Missionary Ventures?   |

|               |               |        |
|---------------|---------------|--------|
| Your Name:    | Your Address: |        |
| Title:        |               |        |
| Organisation: | Tel:          | Email: |

To the best of my knowledge, all information shared in this reference is correct and accurate.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

Further thoughts (Please indicate which point, from the reverse, you are referring to):

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**Addendum A2:**

**Employer Reference Form**

|   |                                     |
|---|-------------------------------------|
| <u>Name of Applicant:</u>   | <u>Applicant's Mailing Address:</u> |
| <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> <span>(family)</span> <span>(first)</span> <span>(mid. Initial)</span> </div> |                                     |

Notice to applicant:

- Please complete your name and address in the above boxes.
- Ask a close friend to complete this Reference Form.
- Ask that the form be mailed to the address below.

- *Missionary Ventures follows the example of Jesus. Missionary Ventures brings hope and healing to the poor, mobilising people and resources worldwide.*
- *Applicants who serve in our bases are often subjected to physical and emotional stresses, which should be considered in your evaluation of their personal capabilities within Missionary Ventures.*
- *Please visit our website at [www.mvi.org](http://www.mvi.org) to obtain further information about Missionary Ventures.*

**INSTRUCTIONS:**

- Answer the following to better equip us to consider the applicant for service with Missionary Ventures.
- As appropriate, we invite you to communicate all you note here with the applicant.
- Use the reverse and/or attach additional paper as required.
- Thank you. Please make a copy for your records, then return this completed form to →→→→

**Please return this completed form to the Missionary Ventures New Zealand Office**

1. How long, and in what association have you known the applicant?

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2. Please evaluate the applicant in the following areas:

- Character:
  
  
- Skills, abilities, strengths and talents:
  
  
- Emotional stability:

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3. Do you have any reservations regarding this person's service with Missionary Ventures?

|               |               |        |
|---------------|---------------|--------|
| Your Name:    | Your Address: |        |
| Title:        |               |        |
| Organisation: | Tel:          | Email: |

To the best of my knowledge, all information shared in this reference is correct and accurate.

Signature Date

Further thoughts (Please indicate which point, from the reverse, you are referring to):

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Missionary Ventures New Zealand, PO Box 35260, Browns Bay, Auckland 0753, New Zealand Tel: 09 889 2642 [www.mvnz.org](http://www.mvnz.org) / [www.mvi.org](http://www.mvi.org)

**Addendum A3:**

**Pastor, Spiritual Leader or Primary Mentor Reference Form**

|   |                                     |
|---|-------------------------------------|
| <u>Name of Applicant:</u>   | <u>Applicant's Mailing Address:</u> |
| <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> <span style="width: 30%; text-align: center;">(family)</span> <span style="width: 30%; text-align: center;">(first)</span> <span style="width: 30%; text-align: center;">(mid. Initial)</span> </div> |                                     |

Notice to applicant:

- Please complete your name and address in the above boxes.
- Ask a close friend to complete this Reference Form.
- Ask that the form be mailed to the address below.

- *Missionary Ventures follows the example of Jesus. Missionary Ventures brings hope and healing to the poor, mobilising people and resources worldwide.*
- *Applicants who serve in our bases are often subjected to physical and emotional stresses, which should be considered in your evaluation of their personal capabilities within Missionary Ventures.*
- *Please visit our website at [www.mvi.org](http://www.mvi.org) to obtain further information about Missionary Ventures.*

**INSTRUCTIONS:**

- Answer the following to better equip us to consider the applicant for service with Missionary Ventures.
- As appropriate, we invite you to communicate all you note here with the applicant.
- Use the reverse and/or attach additional paper as required.
- Thank you. Please make a copy for your records, then return this completed form to →→→→

**Please return this completed form to the Missionary Ventures New Zealand Office**

|  |
|--|
| 1. How long, and in what association have you known the applicant?   |
| 2. Please evaluate the applicant in the following areas: <ul style="list-style-type: none"> <li>○ Character:</li> <br/> <li>○ Skills, abilities, strengths and talents:</li> <br/> <li>○ Emotional stability:</li> </ul> |
| 3. Do you have any reservations regarding this person's service with Missionary Ventures?  |

|               |               |        |
|---------------|---------------|--------|
| Your Name:    | Your Address: |        |
| Title:        |               |        |
| Organisation: | Tel:          | Email: |

To the best of my knowledge, all information shared in this reference is correct and accurate.

Signature Date

Further thoughts (Please indicate which point, from the reverse, you are referring to):



**Addendum A4:****Child Protection Policy Declaration**

Notice to applicant:

- Please read the following policy carefully
- Sign and date the Declaration
- Complete the Police Vetting Form (Authorisation to Disclose Information)

**INTRODUCTION**

All staff and volunteers working under the banner of Missionary Ventures New Zealand (MVNZ) must ensure that:

- The welfare of the child is kept paramount
- All children, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity are safe-guarded and protected from abuse
- All suspicions and allegations of abuse are taken seriously, and responded to swiftly and appropriately
- Any concerns are reported immediately to their supervisor and/or field coordinator

**POLICY STATEMENT**

MVNZ has a duty of care to safeguard from harm all children involved in any of our events and activities. All children have a right to protection, and the needs of disabled children and others who may be particularly vulnerable must be taken into account.

MVNZ will ensure the safety and protection of all children involved in our activities and events in adherence to these Child Protection guidelines.

A child is defined as a person under the age of 18.

**POLICY AIMS**

The aim of the Child Protection Policy is to promote good practice:

- Providing children and young people with appropriate safety and protection.
- Allowing all staff and volunteers to make informed decisions and give confident responses to specific child protection issues.

**PROMOTING GOOD PRACTICE**

Child abuse, particularly sexual abuse, can arouse strong emotions in those facing such a situation. It is important to understand these feelings and not allow them to interfere with your judgement about the appropriate action to take. Abuse can occur within many situations including the home, school and the sporting environment. Some individuals will actively seek employment or voluntary work with young people in order to harm them. All suspicious cases of poor practice should be reported following the guidelines in this document. Outdoor activities and sports can play a crucial role in improving a child's self-esteem. The work of MVNZ brings us in contact with many different children from around the world and in all instances we must work to ensure the child receives the most appropriate care.

**GOOD PRACTICE GUIDELINES**

All staff and volunteers should be encouraged to demonstrate exemplary behaviour in order to protect themselves from false allegations. The following are common-sense examples of how to create a positive culture and climate.

**GOOD PRACTICE MEANS**

- Never being alone with a child.
- Always working in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets).
- Treating all young people with respect and dignity.
- Building relationships based on mutual trust, which empowers children to share in the decision-making process.
- Making activities fun, enjoyable and promoting fair play, without prejudice.
- Ensuring that if any form of manual/physical support is required, it should be provided openly and appropriately. Care is needed, as it is difficult to position hands appropriately in certain circumstances.

- Ensuring that where possible, a male and female team member should always accompany mixed groups. However, remember that same-gender abuse can also occur.
- Being an excellent role model – this includes not smoking, drinking alcohol or using inappropriate language in the company of young people.
- Giving enthusiastic and constructive feedback rather than negative criticism.
- Recognising the developmental needs and capacity of young people with and without disabilities – avoiding excessive physical activity or competition and not pushing them against their will.

Keeping a written record of any incident or accident that occurs, along with the details of any treatment given.

### **PRACTICES TO BE AVOIDED**

The following should be **avoided**. If cases arise where these situations are unavoidable it should be with the full knowledge and consent of the Field Coordinator or team leader.

- Engaging in rough, physical or sexually provocative games, including horseplay.
- Allowing, or engaging in, any form of inappropriate touching.
- Allowing children to use inappropriate language unchallenged.
- Making sexually suggestive comments to a child, even in fun.
- Reducing a child to tears as a form of control.
- Allowing allegations made by a child to go unchallenged, unrecorded or not acted upon.
- Doing things of a personal nature for children or disabled adults, which they can do for themselves.

### **INCIDENTS THAT MUST BE REPORTED OR RECORDED**

If any of the following occur you should report this immediately to the Field Coordinator, Team Leader or supervisor and record the incident. It may also be appropriate to ensure the parents of the child are informed:

- If you accidentally hurt a child.
- If he/she seems distressed in any manner.
- If a child appears to be sexually aroused by your actions.
- If a child misunderstands or misinterprets something you have done.

MVNZ recognises that anyone may have the potential to abuse children in some way and that reasonable steps should be taken to ensure unsuitable people are prevented from working with children. Where a member of staff or volunteer may be required to work unsupervised and in a nature that leaves opportunity for abuse, MVNZ will obtain the individual’s permission to undergo Police vetting prior to commencement of the trip or placement.

### **RESPONDING TO ALLEGATIONS OR SUSPICIONS**

It is not the responsibility of anyone working within MVNZ in a paid or unpaid capacity to decide whether or not child abuse has taken place. However there is a responsibility to act on any concerns initially through liaison with the Field Coordinator or supervisor and then through contact with the appropriate authorities.

### **CONFIDENTIALITY**

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only. Recorded information will be stored in a secure place with limited access to designated people, in line with relevant privacy and data-protection laws (e.g. that information is accurate, regularly updated, relevant and secure).

### **MISSIONARY VENTURES NEW ZEALAND REQUIRES THAT:**

All volunteers and staff read the advisory information herein outlining good practice and informing them about what to do if they have concerns about the behaviour of an adult towards a young person or one young person to another.

### **DECLARATION**

I, \_\_\_\_\_ confirm that:  
(full name)

1. I have read and agree with the MVNZ Child Protection Policy and will abide by its guidelines.
2. I have never been accused or convicted of any offences involving children or young people.

To the best of my knowledge, all information shared in this reference is correct and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date