Please return form to: The Bethany Project,
Graham Pountain
11 Ash Street, Oswaldtwistle,
Accrington. BB5 3LN
Need Help: Tel: 07913522883
email: graham@pountain.net.

SHORT-TERM VOLUNTEER APPLICATION FORM **(version 5) June 2025**

Many thanks for expressing an interest in visiting the Bethany Project as a short-term volunteer (*usually 2/3 weeks).* So that we can get a good sense of who you are and why you want to visit Bethany please complete the application form below. Please complete ALL relevant sections as incomplete applications cannot be processed. If you've any questions about the project please visit the Project's website at: www.bethanyfamily.net and as part of your browsing you need to read -Topics of interest: info. for volunteers

FULL NAME *(as it appears on your passport*)……
HOME / PERMANENT ADDRESS
……
……EMAIL……
HOME TEL. No (including area code)……../……
MOBILE TEL. No……
DATE OF BIRTH…… CURRENT AGE……
OCCUPATION / COURSE OF STUDY……..
GENDER……..MARITAL STATUS……
DO YOU HOLD A FULL UK PASSPORT?……..

EMERGENCY CONTACT: Name 1 ……
ADDRESS……
……
TEL. No (including area code)……../……MOBILE……
Your relationship to this emergency contact……

EMERGENCY CONTACT: Name 2 ……
ADDRESS……
……
TEL. No *(including area code*)……../……MOBILE……
Your relationship to this emergency contact……

If you have previously visited Bethany what was the date of your last visit?……..……

Anticipated date of current visit……

Bethany is a Christian project and many of the visitors are Christians, however, being a Christian is not a requirement to visit the project and indeed we welcome applications from anyone with a genuine interest in promoting the welfare of the Bethany family. All that we ask is that visitors respect the Christian ethos that underpins the work of Bethany.

What is your faith? *(e.g. Christian, Buddhist, None, etc*)……

If you are a Christian which church do you attend?……

Why would you like to visit Bethany?……..
……
……
……
……

How will your trip to Bethany benefit the project?.....
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……
……
……

The expenses associated with a trip to Bethany vary dependent on the time of your visit, however, trips can cost up to approximately £1250 per person, this includes: your international flight, transport within Tanzania, visa, travel insurance, en-route accommodation, food and accommodation whilst at Bethany. The preferred way of financing trips is that individuals pay these expenses from their own funds rather than undertaking fundraising as this may divert money away from Bethany.

How will you finance your trip? …….
……
……

Please detail your history of involvement with The Bethany Project e.g. financial support, attendance at monthly meetings etc …….
……
……
……

MEDICAL INFORMATION

Are you physically fit?.....
Do you have any physical disabilities?.....
If yes, please give details……
……
……
Do you suffer from any serious, long-term or significant health problems ?.....
If yes, please give details…….
……

Do you have any allergies to food/drugs etc?.....
If yes, please give details……
……
……
Have you had any serious illness during the last 3 years?.....
If yes, please give details……..
……
Have you ever suffered from an emotional disturbance, anxiety, depression or any other mental health problems that required psychiatric help?.....

If yes, please give details…….
……
……

List any medications that you take on a regular or occasional basis……
……

Height in centimetres…… Weight in kilograms…….

Ladies, is there a chance you could be pregnant?.....

Please supply the name of two referees who have known you for a sufficient length of time to be able to comments on your personal qualities. The referees could be your: teacher, tutor, minister/church leader, employer etc, please do not supply the name of your friend/s

Name of first referee ……..…..… Relationship e.g. Teacher……. Address…… …….. …….. Tel:……...…..…./…….. email ……..…..	Name of second referee ……..…..… Relationship ……..……. Address…… …….. …….. Tel:…..……..…./……..……..….. email ……..……..

Please detail below any information that you could not include in spaces provided or other information that the person processing your application needs to know or anything else you would like to tell us about yourself:

Please answer the next two questions by entering **X** in the appropriate box

Have you ever had any criminal convictions ? (please note a conditional discharge is a conviction)	**yes**		**No**	
Do you agree to a Criminal Records Bureau check ?	**yes**		**No**	

Before your application can be processed you need to sign the:

Short-term volunteer agreement and **The waiver of liability**
:

Short-term volunteer agreement

- I have read the information for volunteers on the Bethany website and agree to follow all the advice and instruction displayed e.g. dress code, no alcohol etc
- I am sympathetic to the aims and philosophy that guide The Bethany Project and if accepted as a short-term volunteer I will be supportive of these.
- I understand that Bethany is in a remote location and health care provision may not be of developed world standards. I realise that if I were to experience an accident or become seriously ill whilst at Bethany this may result in my death, which under similar circumstances could have been prevented in the UK.

If accepted as a short-term volunteer to The Bethany Project I agree to:-

- be fully immunised as per schedule described in the information for volunteers
- follow the travel advice for Tanzania as advised on **: www.fco.gov.uk/travel**
- take a full course of malaria tablets as advised by a doctor
- purchase comprehensive travel insurance (including full health insurance and evacuation by air back to the united kingdom)
- attend a selection event in East Lancashire (usually linked to the monthly meeting)
- work under the direction and authority of the Tanzanian and UK Management Teams and the Trip Leader.

Signature of applicant (*irrespective of age*)……..……..…

Date…….……

Name of parent/guardian if applicant under 18 years of age……..……..

Signature of parent/guardian if applicant under 18 years of age……..……

Date……..……

The Bethany Project
Waiver of Liability

I the undersigned, being knowingly and intelligently informed of the risks and perils involved in my volunteer position for the organisation (The Bethany Project, Tanzania) assume all of the risks myself.

By signing this document I waive all rights of action in my land or any county, state or country to sue or take action against the organisation The Bethany Project or any of its Officers, Board Members, Employees or Volunteers.

The risks and perils include, but are not limited to the following:

- Loss of life
- Loss of limb, sight or hearing
- Loss or theft of property, including money
- Acts of terror
- Disease
- Injury or death as a result of natural disaster
- Injury or death as a result of air or land transportation
- Random acts of violence
- Food poisoning
- Drug complications
- Reproductive issues
- Abduction
- Contracting HIV / AIDS
- Snake and insect bites or any other types of poisoning

I agree to the forgoing:

Signature of applicant irrespective of age…….. Date……

Name of parent/guardian if applicant under 18 years of age……..……..

Signature of parent/guardian if applicant under 18 years of age……..

Date……

I am over 18 years of age and not related to the applicant. I know the applicant personally and their parent / guardian who's signature is also included in this waiver of liability if the applicant is under 18 years of age. I have personally witnessed all concerned signing the waiver of liability form.

Name of witness……

Signature of witness……. **Date**…….……..

Please hand in your completed form at the monthly meeting or post to:

The Bethany Project
Short-term volunteer co-ordinator
11 Ash Street
Oswaldtwistle
Accrington BB5 3LN