



**FIELDWORKER APPLICATION**

**INTRODUCTION – PLEASE READ**

The information you supply in the Fieldworkers Application Form is necessary for the work of the various ACBM committees.

It will assist in:

- Determining the most appropriate activity you can participate in as an ACBM representative; and
- Declaring your willingness to abide by the policies of the ACBM.

Your application is considered confidential in that its contents are only for the consideration of the ACBM Committees.

Applications **are required for each fieldwork period**. Once approved, fieldworkers staying 180 days or less may be covered under the ACBM Travel Insurance Policy. For ALL pre-existing illnesses, a medical certificate is required to be submitted to the underwriter detailing the work to be undertaken and that the applicant is fit to do that work.

Those staying more than 180 days will need to take out their own travel insurance.

Medical certificates are not required; however the ACBM encourages all fieldworkers to have a medical consultation prior to departure overseas.

(Version January 2018)

<p><b>1 Personal Details</b></p>	<p>Name: Bro/Sis .....</p> <p>Address: ..... ..... Postcode: .....</p> <p>Passport No: .....Expires: ...../...../..... [Must be six beyond trip return date.]</p> <p>Country: Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> Other .....</p> <p>Working with Children Check or National Police Check (Not required for NZ Fieldworkers) Issuing Authority .....No..... Expiry Date ...../...../.....</p> <p>Telephone: (Private) ..... (Work) ..... (Mobile).....</p> <p>Email address: .....</p> <p>Age: ..... years Marital Status:.....</p> <p>Baptised: ..... years Ecclesia:.....</p> <p>Previous Ecclesia if less than two years at present ecclesia: .....</p> <p>(If Applicable) List accompanying unbaptised children and their ages: .....</p> <p>.....</p> <p>The ACBM operates to high moral and ethical standards. If you believe that it is necessary to provide some very confidential and private information this can be placed in a sealed envelope and attached to this application.</p> <p><b>IMPORTANT: <u>You must tell us</u></b>, if at any time before or after becoming Baptised you were charged or had any accusations levelled against you in relation to inappropriate sexual behaviour, molestation or sexual abuse of a child or adult. Please sign declaration.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Signed..... Date.....</p>
<p><b>2 ACBM Experience</b></p>	<p>Have you represented the ACBM as a fieldworker overseas in the past? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, When? ..... Where? .....</p> <p><b>If yes in the last 3 years advance to Section 6.</b></p>



## AGREEMENT/COMMITMENT

1. I do not object to the ACBM contacting the Recording Brother of my ecclesia for an independent assessment.
  
2. I have read the current version of the ACBM "Guide for Fieldworkers" and I will abide by the policy guidelines laid down by the ACBM to which all representatives of the ACBM are expected to adhere. These guidelines include reference to giving of welfare in money or gifts, as well as my relationship with brethren and sisters, ecclesia, local peoples and government bodies in ACBM areas.
  
3. I also understand that, unless exceptional circumstances prevail, the ACBM does not accept responsibility for any loss, injury or inconvenience sustained by me during my activity as an ACBM representative.

I will not drive any vehicle in Mission Areas unless approved by the ACBM Regional Committee.

AGREED TO AND SIGNED ..... DATE: ...../...../20.....

Confirmation by Ecclesial Representative (i.e. Recording Brother or Arranging Brother)

I confirm that the applicant is spiritually, emotionally and morally suitable to represent the brotherhood overseas as a fieldworker.

Name: ..... Position (e.g. Recorder) .....

Signature: ..... Ecclesia ..... Date: ...../...../20.....

[The Ecclesial Representative to forward direct to the Regional Committee Secretary or the Area Team Secretary. If you wish to discuss any matters with either Secretary please do not hesitate to do so.]

**REGIONAL COMMITTEE USE ONLY**

RECEIVED BY REGIONAL COMMITTEE SECRETARY: / /20 . CONSIDERED BY REGIONAL COMMITTEE: / /20 .

DECISION: APPROVE  DECLINE  CLARIFY WITH ECCLESIA  COMMENTS.....

ACBM TRAVEL INSURANCE: APPROVE  DECLINE  APPLICANT ADVISED IN WRITING: / /20 .

NATCOM DATABASE NOTIFIED: / /20 . SIGNED (Regional Comm. Sec) ..... DATE: / /20

### YOUR CHECKLIST

Use this checklist to ensure that you have correctly completed this application

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I have read the Introduction to this application                       |
| <input type="checkbox"/> | I have read the current version of the ACBM's "Guide for Fieldworkers" |
| <input type="checkbox"/> | I have checked all my answers  |
| <input type="checkbox"/> | I have signed the declaration in Section 1                             |
| <input type="checkbox"/> | I have read Agreement/Commitment                                       |
| <input type="checkbox"/> | I have signed Agreement/Commitment                                     |
| <input type="checkbox"/> | An ecclesial representative has signed my application.                 |