

18-3 Yeouido-dong, Youngdeungpo-gu,, Seoul, Republic of Korea 150-914 Tel: +82 2 6335 2000 Fax: +82 2 6335 2020 International@scout.or.kr

# **International Volunteer Application Form**

Section 1:	Per	sonal Detail	ls				
Family Nam	e:				First Name(s	5):	
Address:		•		·		·	
Country:				Post Cod	le:		Photo
Telephone:				Mobile:			
Date of Birth:		National	ty:				
Email Addre	ess:						
Section 2:	Υοι	ır Scouting					
Role(s) Helo	l in S	couting:					
National As	socia	tion Registere	d with:	:			
Scouting Ex	perie	nce (e.g. Jamb	orees,	Leader Tr	aining etc.):		
State g part to tage to the state of grands							
How did yo	u he	ar about the C	Center?	•			
Section 3:	Ab	out You					
Profession:							
Highest Edu	ıcatio	nal Qualificati	ion:				
(e.g. High School Diploma, BA Degree etc)							
English Prof	icien	cy:	•				
(e.g. Native, Flu	ent, A	dvanced etc)					



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#### **Section 4: Dates**

Please indicate for which term you would like to apply:								
1 <sup>st</sup> Term: 10 June – 6 September, 2013 [ ]								
2 <sup>nd</sup> Term: 9 December, 2013 – 7 March, 2014 [ ]								
Below are the te	Below are the term dates for 2013. 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).								
land the state of								
Term	Arrival dates	Departure dates	Closing Date for Applications					
1 <sup>st</sup> Term 2013	10 <sup>th</sup> – 14 <sup>th</sup> June, 2013	2 <sup>nd</sup> – 6 <sup>th</sup> September, 2013	10 <sup>th</sup> April, 2013					
2 <sup>nd</sup> Term 2013	9 <sup>th</sup> – 13 <sup>th</sup> December, 2013	3 <sup>rd</sup> – 7 <sup>th</sup> March, 2014	16 <sup>th</sup> October, 2013					
Section 5: I	Motivation and Exper	ience						
		Terree						
Motivation fo	r Applying.							
Relevant Prev	ious Experience:							
	, , , , , , , , , , , , , , , , , , ,							
Skills (such as languages/sports/music etc):								
January Carett de languages/sports/music etc/.								



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#### 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 [ ] 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:							



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## **International Volunteer Medical Certificate**

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

Family Name:		First	Name(s):		
Address:				•	
Country:		Post	code:		
Date of Birth:		Tele	phone no.:		
Section 2: G	eneral Health of the	Above			
In your opinion, i 3 Months?	is the above named physical	ly and mentally	able to do	strenuous work	for
Does the above	named have any physical o	r mental defici	ency that co	uld influence tl	heir
ability to work at	the Suncheon Asia Pacific So	cout Center?			
If the second que	estion is answered 'yes', pleas	se provide mor	e details belo	ow:	1
Does the above r	named take any regular med	ication?			
	please specify below:				
Does the above	have any allergy to food, m	edication etc.?	Please give c	etails.	
Section 3: Si	ignature				
state on that date	e above named person was te is reflected in section 2 of ork at the center as required	this form. To	the best of m	ıy knowledge, t	his person is capable
Name:				Star	np:
Surgery Address:					
Comments:					
Signature:		Date:			
I					