
Sainte Luce Reserve

Complete & send this form to apply to volunteer:

Volunteering Season 2016 - 2017



Sainte Luce Reserve volunteering is managed by:
Association FILANA (Fikambanana Fandrosoana lombonona ho Lova sy Andrin'ny Ala Tahiry)
Registered malagasy non-profit association N° 095 DIST/TOL/AG/ASS in partnership with DADAMANGA SARL



Apply

Application and Health Questionnaire for Potential Volunteers:

Your answers to this questionnaire will be confidential to the Sainte Luce Reserve team including our team doctor, and will not be given to anyone else. The purpose of the questionnaire is to determine your suitability for a volunteering position, and to raise a flag if you have any health problems that could affect your ability to undertake the duties of the post you are applying for. We welcome applications from people with disabilities and of any age over the age of 18, but we may recommend adjustments to our normal routine as a result of this assessment to enable you to be an effective volunteer, and we may also regrettably not be able to approve your application to volunteer due to the remote site at which we operate and our inability under normal circumstances to provide full-time one-on-one assistance.

Our aim is to promote and maintain the health of all people collaborating with us. Before health clearance is given for volunteering, you may be contacted by volunteering staff and may need to be seen by a health advisor or physician and or provide us with further information.



Please help us to process your application quickly by completing the questionnaire as fully as possible and by giving us any relevant information about you and your case even if we have not asked about it, and returning it to us as soon as possible even if you are only considering volunteering for us, so that we may get your clearance to volunteer completed as early in the application process as possible. This form poses questions that will require you to do some research. We require you to be proactive in “taking responsibility for yourself” throughout your volunteering experience with us and that process begins here.

You may complete the form in any way you want. You may print it and hand-write your answers then scan and return the questions section, you may copy and paste the questions section only into a new document, or directly into the body of an email, and type your answers, we do not mind how we receive the information as long as we receive it.



“Travel is the only thing you pay for that makes you richer.”

Please answer all questions. Please add further sheets if you need more room to answer any question. Please only return the “question and answer part” of this form.

- Do you have a referral code? If yes, enter it here:
- Can you please tell us how you originally heard about Sainte Luce Reserve volunteering:

- Title: Ms / Miss / Mrs / Mr / Dr / Professor / Other
- Male Female
- Surname:
- First name/s:
- Date of birth:
- Volunteer Position applied for (if in doubt, General Conservation Volunteer “GCV”):
- Dates of proposed volunteering:
- Total number of full weeks (Tuesday to Tuesday):
- Total fee due (see table at end of document and mention accommodation option required if any)
- Why do you want to volunteer with us? Please give as much detail as you wish:

- Have you ever volunteered with us before? Yes No
- Home Address (include postcode):

- Country of residence:
- Mobile phone number:
- Email address:
- Name of GP (your usual family doctor):
- Address & telephone number of GP:

- Please list all of the countries that you have lived in over the last 5 years:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

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- Please list all of the vaccinations that you have had, or that you will have, if you receive your clearance to volunteer. Please do your own research or ask your GP about what is required. We do not insist on any vaccinations except for tetanus, which is obligatory. We highly recommend for your safety that you consider that Madagascar is a developing country and a pathogen-rich environment and diseases that may be very rare in your home country may be common in Madagascar (e.g. Hepatitis A). Note: Inadequate vaccination may nullify insurance.
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - Malaria is endemic to Madagascar and we require you to be taking an appropriate malaria prophylaxis. Your choice of malaria prophylaxis will be important to us in our decision making process. Please do your own research or ask your GP about what is required. We will ask about your malaria prophylaxis again when you arrive and failure to have adequate protection may result in us not allowing you to join the program with no refund or compensation. Which malaria prophylaxis are you most likely to take during your time in Madagascar?
 - Are you presently employed? Yes No
 - If yes, please give details below about the type of work you are presently doing:
 - Are you currently a student? Yes No
 - If yes, please give us some details about what you are studying:
 - We work in a remote location. Conditions are sometimes difficult. You may be required to:
 - walk long distances in hot and humid conditions sometimes up and down hills, through forests with no marked trails or on sand
 - climb over fallen trees or other obstacles in the forest
 - travel over bumpy and dusty rural roads for hours at a time to reach your volunteering site
 - travel by canoe over fresh water lakes and in rivers
 - eat a simple diet that can become monotonous
 - live closely with a small number of other people who you will see every day who may have differing opinions and values to you
 - work in groups or in pairs with people not of your choosing
 - sometimes work or travel in the rain, you may get wet
 - do physical work such as dig holes and plant trees
 - shower with water collected directly from a river
 - use a latrine that requires you to squat to use it
 - not have access to electricity or internet or contact with “the outside world” or partners, friends and family for long periods of time

We call these points above “the difficulty context”. Do you understand all of the above possible scenarios and do you accept them as being a normal and acceptable part of the volunteering experience? Yes No

If no, please contact us for special clearance as we may be unable to clear you for volunteering.

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- Considering “the difficulty context” above, do you have any illness/impairment/disability (physical or psychological) which may affect your work as a volunteer? If yes, please give details below. Yes No
 - Have you ever had any illness/impairment/disability which may have been caused by or made worse by your work? If yes, please give details below. Yes No
 - Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates. If yes, please give details below including all prescribed medication being taken. Yes No
 - Considering “the difficulty context” above, do you think you may need any adjustments to normal procedures or assistance to help you to volunteer with us? If yes, please give details below. Yes No
 - Do you have any known allergies? If yes, please give details below. Yes No
 - Would you like us to and do you give us permission to contact anyone (other than your insurer in case of emergency) such as a close family member or partner to inform them of your safe arrival, news of progress of your work, and or any medical problems or emergencies that may happen to you? If yes, please choose one person only and give as much detail as possible below about the person, such as name, their relationship to you, their contact details at both home and work, and importantly for general updates, their email address. Yes No
 - Will you purchase comprehensive travel insurance that will fund your evacuation in a medical emergency and will you inform your insurer of and pay a premium for any pre-existing medical conditions and will you provide us with all details of that insurance policy and contact numbers for your insurer prior to your arrival at your volunteering position? If no, please do not go any further with completing this form as we are unable to give you clearance to volunteer. Yes No
 - Do you give us your permission to contact your insurer and give them details about your medical condition and any other information required to assist them to facilitate an evacuation or other assistance in an emergency? If no, please do not go any further with completing this form as we are unable to give you clearance to volunteer. Yes No

DECLARATION

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I declare that I have never been convicted of any offence related to abuse or neglect of children, the elderly or disadvantaged people. I give permission for a member of the volunteering team to communicate with my own general practitioner, or any other health professional, if further information is required and for that GP or healthcare professional to give details of my clinical condition or other relevant information to a medical practitioner nominated by us to advise us on your condition and suitability for a volunteering position.

We will not contact your GP without your prior written approval. I understand that in the case that a medical report is requested, clearance to volunteer will not be given until that report has been received by Sainte Luce Reserve and approved by our medical advisor. I wish to seek access to this report if it is required. Yes No

- All applicants please attach your CV as a separate document.

Signed
Date

Cost of volunteering:

Volunteer Period (Weeks)	Basic Volunteer Fee (\$USD)	Supplement Tent Hire (\$USD)	Supplement Bungalow (\$USD)
90 DAYS MAXIMUM VISA	Camping in your own tent with your own bedding	Camping in our tent with your own bedding	Camping in our bungalows with a mattress, mattress cover, sheet and pillow case provided once + solar light and solar USB charger.
1	750	10	40
2	800	20	60
3	1060	30	80
4	1310	40	100
5	1550	50	120
6	1780	60	140
7	2000	70	160
8	2210	80	180
9	2410	90	200
10	2600	100	220
11	2780	110	240
12	2950	120	260

Example of how the payments work:

Calculate your volunteering fees, add any accommodation options, calculate 20%, which is your deposit due upon approval of this application. The balance is then due to arrive with us no later than 40 days prior to commencement of your volunteering. The following illustrates the EXAMPLE for a six week volunteering period.

6 Weeks Volunteer	1780
6 Weeks Bungalow Option	140
Total	1920
Deposit Due Now	384
Balance Due 40 Days Before Arrival	1536