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Postal address: PO Box 3051, Bonnells Bay NSW 2264 Australia

## MISSION STATEMENT

To feed the poor and teach them how to feed themselves

To provide people with education and opportunities to succeed in life

To give as we've been given and bless as we've been blessed

To do justly, love mercy and walk humbly with our God

## SECTION 1: INTRODUCTION

Our aim at Thrive Madagascar (TM) is to show the unconditional love of God in practical ways to the people of Madagascar. We believe that to the hungry this love looks like a good feed, to the homeless family its building them a home, to the uneducated its providing for their schooling, to the sick its giving medical care; this is who we are.

Madagascar, a third world country, experiences harsh difficulties – 70% of the population live in absolute poverty and only 6% of teenagers finish school; 84 out of every 1,000 children die before the age of 5.

Deforestation in Madagascar is extreme, as 1% of its remaining forests are levelled each year and a third of the country burns for charcoal production.

We go into this nation in teams and work alongside the Malagasy people. The primary aim is to first build a relationship of trust with the people. From this foundation of friendship, our work flows in a way that empowers the local community, so rather than become dependent on us, they learn skills that will enable them to care for their own.

We do not go into this nation to force our beliefs on them or tell them what they need. We go in humbly, willing to gain understanding of their culture, and passionate about sharing ours. Our goal is to help them in lasting ways that will see them into a prosperous and sustainable future. As you come with us on the mission, you will be amazed how much you receive from these people. The needy are incredible people, giving us an appreciation for what really matters in life, as we work alongside them.

The trip will empower you to be creative about how you can raise awareness and support for these people here in Australia after your mission experience. Our hope is that you will share your experience with everyone you know to continue helping the Malagasy people.

The mission is a great adventure. We want you to have lots of fun. There will be plenty of opportunities to see the local sites, enjoy the interesting taste sensations and take heaps of pics as you immerse yourself in the culture. Join us in providing education and opportunity for people to succeed in life. Can't wait to see you there!



Brendan Singhdeo  
Chairman and Chief Executive Officer  
THRIVE MADAGASCAR

## SECTION 2: RISK STATEMENT

### Our aim

Thrive Madagascar' Risk Statement's purpose is to advise you as mission participant or volunteer of the potential risks involved in living and working in a third world developing nation so that you may understand and take full responsibility for the consequences as you assume those risks.

We realise that it is not possible for Thrive Madagascar to predict or fully prepare you for every circumstance you will face while working at TM missions. However, it is our goal to make you aware of assumed risks associated with mission work through this Risk Statement.

### The risks of working in a third world developing nation

Living and working in a third world developing nation as Madagascar carries with it certain risks not found or associated with work in industrialized nations such as Australia and New Zealand. These risks can include hazards to both your person and property through cross-cultural offences, accident, disease, criminal/ terrorist acts, weather conditions or inadequate medical services and supplies. There can be added emotional and physical stress due to loneliness, culture shock and long hours. Awareness is the first stage in managing risks successfully.

### Our policies

We ask that you gather as much information as you feel necessary and, when completely satisfied and confident that this is what God wants you to do, you can sign and return this application form to TM.

- **Mission assignment**

Thrive Madagascar will not assign you to a particular ministry or area against your will. This means the final choice of ministry and area of service rests ultimately with you. Leadership may, in fellowship with you, give direction regarding areas of need and availability of programs, but the final decision on service or participation in a program rests with you. Should you feel at any time that your area of service is no longer appropriate, you have full right to end your service and return to your passport country.

- **Hostage situations**

In view of the fact that many insurgent, guerrilla and criminal groups commit crimes of kidnapping or other forms of criminal extortion as a means for demanding the payment of ransom, it is important that you understand Thrive Madagascar' policy in this area. We are deeply concerned for the wellbeing of each of our members, and will pray and labour diligently for the release of any member taken hostage. However, it is the policy that *"TM opposes the payment of ransom in any form, cash, commodities or services."* Therefore members and participants in TM programs should not assume that ransom will be paid for their release. TM recommends, in the event of a hostage being taken, that family members be evacuated to the home country. TM requires that, as part of the post-crisis debriefing, all members who were held hostage be interviewed by a counsellor approved by the Executive Committee of TM.

### Mission preparation recommendations

TM encourages you to plan and prepare yourself for mission service in a number of ways:

- Be ready spiritually, physically and mentally
- Read all you can on Madagascar, i.e. <http://en.wikipedia.org/wiki/Madagascar> , <http://www.lonelyplanet.com/madagascar>
- Check with your doctor as well as the World Health Organisation to ensure you have the necessary vaccinations before departing: <http://www.who.int/countries/mdg/en/>
- Check out Australia's Department of Foreign Affairs – Smart Traveller website or call their office to obtain the most current information on travel advice <http://www.smarttraveller.gov.au/zw-cgi/view/Advice/Madagascar> <http://www.smarttraveller.gov.au/zw-cgi/view/Advice/Madagascar>
- Talk with missionaries serving in the country and in the specific locale for feedback on what it's like to work at a TM mission
- Contact the TM Office to obtain any extra information and take any additional steps you feel necessary.

## Liability disclaimer

By signing this statement, you assume all risks associated with volunteer work at Thrive Madagascar' missions in Madagascar. TM is not in any way responsible for any harm that eventuates while serving the ministry.

## Agreement

By signing below, you agree to the following:

- All the information I have provided in this application is true to the best of my knowledge.
- I have read the Thrive Madagascar Mission Statement and understand these are the values that it operates within. I agree to respect these values.
- Having read the Risk Statement, I am aware of the hazards and risks to my person and property associated with serving overseas in a mission's capacity.
- I certify that I will not hold Thrive Madagascar liable for injury, disease, or delay of return, or any other claims, while under the auspices of Thrive Madagascar.
- I understand and accept the Thrive Madagascar policy regarding ransom payments described in the Risk Statement.
- I understand that donated and deposited funds sent to TM for the trip are not refundable.
- I agree to purchase travel insurance for the entirety of my stay. [compulsory for all mission participants]
- Emergency medical permission: This is only for emergency situations should you be incapable of making rational decisions, or are a minor whose parents cannot be immediately reached. In any situation, every effort will be made immediately to reach the person(s) listed on this application.

**In the event that an emergency arises, I give permission to Thrive Madagascar to authorize anaesthesia, surgery, and/or procedures deemed absolutely necessary at the time.**

Name of applicant (please print)	
Signature of applicant (if age 18 or older)	
Date signed:	

NOTE: Parent or Legal Guardian's signature is required if you are single and under 18.

Name of Parent or Legal Guardian (please print)	
Signature of Parent or Legal Guardian:	
Date signed:	

## SECTION 3: TM APPLICATION FORM

### Personal information

Surname:			Given name:		
Street address:					
City/Suburb:		State:		Post code:	
Home phone			Mobile no.		
Email address:					
Current occupation:					
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Age:		Date of birth:	
Marital status:	Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>				
T-shirt size:	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/>				
Working with Children Check card no.:			Expiry date:		
			Issued by (State):		

### Education

List any higher education you have completed (e.g.: TAFE courses, Apprenticeships, University)

Course	City/State	Years attended	Completed Y/N

## SECTION 4: EXPERIENCE & HOBBIES

List any trades or skills you have:

Are you willing to use your skills to assist TM in your volunteering position? Yes ☐ No ☐

What overseas and/or cross-cultural experience have you had, if any?

What other hobbies/interests do you have? E.g.: Dance, music, sewing, art, etc.

## SECTION 5: HEALTH INFORMATION FORM

PLEASE NOTE: You will not be discriminated on because of your health status or any disabilities. We need to know these facts so we can best care for you out in the field.

### Applicant's details

Surname:		Given name:			
Street address:					
City/Suburb:		State:		Post code:	
Home phone		Mobile no.			
Email address:					
Current occupation:					
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Age:		Date of birth:	

### Persons to contact in case of emergency

#### Primary contact

Surname:		Given name:			
Street address:					
City/Suburb:		State:		Post code:	
Home phone:		Mobile no.:			
Email address:					
Relationship:					

#### Secondary contact

(In the event that primary contact may not be reachable)

Surname:		Given name:			
Street address:					
City/Suburb:		State:		Post code:	
Home phone:		Mobile no.:			
Email address:					
Relationship:					

## Medical history

We recommend that you see your local doctor regarding immunisations and other health considerations, prior to travelling, including ensuring that you have enough of your regular medication(s) to last the duration of your stay with us.

1.	Have you ever suffered from a serious illness, had surgery or been hospitalized? <b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> (Please define)
2.	Do you have any known allergies? <b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> (Please list)
3.	Do you have any dietary restrictions, food allergies, or convictions regarding types of food? <b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> (Please list)
4.	Are you currently using any medications? (Include prescription and non-prescription medications, dietary supplements, herbs, etc.) <b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>
5.	Are you currently receiving medical treatment or under medical observation for anything? <b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>
6.	Have you ever been treated for (or are now suffering from) emotional difficulties? (Eating disorders, depression, anxiety, phobias, etc.) <b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> (Please define)
7.	Do you have any other limitations or significant health conditions which might affect your involvement with TM or you believe your doctor would want us to know about? <b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> (Please define)



8.	Do you have a communicable disease? <b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> (Please define)
9.	Do you have any chest, back, or joint pain? <b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> (Please define)
10.	Do you have any limitations to strenuous physical work? <b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> (Please define)

**NOTE:** If you checked 'yes' above, and require more space than provided, please explain briefly using a separate sheet of paper.

## SECTION 6: ELIGIBILITY

All participants / volunteers are required to have a **Working with Children Check** before embarking on a TM mission. NSW residents can apply online at: <http://www.kidsguardian.nsw.gov.au/working-with-children/working-with-children-check>. Other State governments have their own websites as well.

Working with Children Check card no.:		Expiry date:	
		Issued by (State):	

Have you ever been involved with illegal drugs? **No** ☐ **Yes** ☐ If yes, please explain.

Do you have a record of a criminal offence in any country? **No** ☐ **Yes** ☐ If yes, please explain.

Have you ever been investigated, involved with, charged or convicted of child abuse/ molestation, or any sexual crime? **No** ☐ **Yes** ☐ If yes, please explain

## Personal plans other than your involvement with TM in Madagascar

Do you have any personal plans other than your involvement with us in Madagascar? (For example: independent travel in Madagascar, visiting friends or relatives in neighbouring countries).

## Why would you like to join the TM team?

The project sites you will be serving on will depend on the duration of your stay with us, where the greatest need is and where our leaders are coordinating projects at the specific times you are there. We also try to utilise your skills and trades where they will be most beneficial.

## Your cultural background and religious beliefs

Although we are a Christian organisation, we respect all faiths and cultures. We expect the same attitude from all our applicants. Religious prejudice or persecution is not acceptable. TM partners together with local churches in many of our projects.

We would really appreciate if you let us know what your cultural background is and if you have any religious beliefs, as we are trying to accommodate all those who wish to contribute.

## SECTION 7: COSTS

### Registration fee

We require every applicant to submit a \$60.00 AUD registration fee with this application form. Full payment will be required once application is approved and processed.

How will you be paying for your registration fee? (Please tick)

- ☐ Cheque posted to Thrive Madagascar (Date posted): \_\_\_\_\_
- ☐ Internet bank transfer (please attach printout of transaction receipt to your application)

### Duration of your stay in Madagascar

NOTE: Mission trips run periodically through the year. Please contact TM for dates of upcoming mission trips.

How long do you wish to stay with us in Madagascar?

Start date (DD/MM/YYYY)		End date (DD/MM/YYYY)	
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### Flights

Would you like us to book your flights? **No** ☐ **Yes** ☐ (If "yes" we will contact you personally to arrange this)

### Passport details

Your name EXACTLY as it appears on your passport:			
Date of birth:		Place of birth:	
Nationality:			
Passport no.:		Place of issue:	
Date of issue:		Expiry date:	

### Daily cost of 'room & board' at the Thrive Madagascar Centre

The cost of your trip is determined by the duration of your stay. The Mission trip cost is \$60.00 AUD a day. We charge this fee to help us look after our volunteers well. Some things are quite expensive in Madagascar, especially if you want to be safe and healthy! We provide good and safe accommodation, travel, and healthy food. All this is included in the daily cost. If you would ever like to eat at a restaurant, it would be at your own expense.

### Payment options

Full payment for the duration of your stay is required two (2) weeks before travel.

#### Payment plans

May be organised to secure your position on the trip. Please contact us to arrange.

#### By cheque

Please make cheques payable to: Thrive Madagascar and post to: PO Box 3051 Bonnells Bay NSW 2264

#### By online bank transfer

Account name: Thrive Madagascar, BSB: 032570 Account number: 252118. Please put your name in the payment reference line

## SECTION 8: EMPLOYER OR TEACHER REFEREE FORM

### CONFIDENTIAL

Please ask your current or a former employer or teacher to complete the form below and return it to TM.

#### Applicant information

Name of applicant:	
Relationship to referee:	
How long have you know the applicant?	

#### Referee details

Surname:		Given name:	
Street address:			
City/Suburb:		State:	
		Post code:	
Home phone		Mobile no.	
Email address:			
Current occupation:			

FOR THE PURPOSE OF PROTECTING THE CHILDREN IN OUR PROGRAMS, THRIVE MADAGASCAR IS REQUIRED TO ASK THE FOLLOWING:

To the best of your knowledge has the applicant ever been investigated, involved with, charged or convicted in regards to: (please tick either yes or no)

- Criminal offences Yes ☐ No ☐
- Drug offences Yes ☐ No ☐
- Child abuse/molestation Yes ☐ No ☐
- Sexual crimes Yes ☐ No ☐

If you answered 'yes' to any of the above. please attach a separate sheet with the relevant details.

Do you think the applicant will ...

- Work harmoniously with other volunteers, missionaries and national workers? Yes ☐ No ☐
- Respect the culture they are working in and submit their own personal desires/standards? Yes ☐ No ☐
- Demonstrate a flexible and compliant attitude and will follow instructions? Yes ☐ No ☐

Please comment on the applicant's strengths:

What do you consider are the applicant's weak points?

Are there any reasons why you would discourage us from bringing the applicant on the TM team?

Thank you for your help.

Please return this form to TM:

Email to: [mail@thrivemadagascar.org.au](mailto:mail@thrivemadagascar.org.au) or

Post to: Thrive Madagascar, PO Box 3051, Bonnells Bay NSW 2264

## SECTION 9: FRIEND, PRIEST OR PASTOR REFEREE FORM

### CONFIDENTIAL

Please ask a friend, priest or pastor to complete the form below and return it to TM.

Name of applicant:	
Relationship to referee:	
How long have you know the applicant?	

#### Referee details

Surname:		Given name:	
Street address:			
City/Suburb:		State:	
		Post code:	
Home phone		Mobile no.	
Email address:			
Current occupation:			

FOR THE PURPOSE OF PROTECTING THE CHILDREN IN OUR PROGRAMS, THRIVE MADAGASCAR IS REQUIRED TO ASK THE FOLLOWING:

To the best of your knowledge has the applicant ever been investigated, involved with, charged or convicted in regards to: (please tick either yes or no)

- Criminal offences                      Yes ☐ No ☐
- Drug offences                            Yes ☐ No ☐
- Child abuse/molestation            Yes ☐ No ☐
- Sexual crimes                            Yes ☐ No ☐

If you answered 'yes' to any of the above please attach a separate sheet with the relevant details.

Do you think the applicant will ...

- Work harmoniously with other volunteers, missionaries and national workers?      Yes ☐ No ☐
- Respect the culture they are working in and submit their own personal desires/standards?      Yes ☐ No ☐
- Demonstrate a flexible and compliant attitude and will follow instructions?      Yes ☐ No ☐

Please comment on the applicant's strengths:

What do you consider are the applicant's weak points?

Are there any reasons why you would discourage us from bringing the applicant on the TM team?

Thank you for your help.

Please return this form to TM:

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