



VOLUNTEER APPLICATION FORM

Personal Details

Title: Mr Miss Mrs Ms

Name:
 First name Middle name Surname name

Address:

City/State: Country:

Phone number: E-mail:

Age (if under 18 or over 45 years due to insurance purposes):

Referee

Name: _____

Address: _____

Email: _____ Phone number: _____

Volunteer Position Information

In which areas are you best suited to volunteer?

Health/Wellness <input type="checkbox"/>	Homeless/Hunger <input type="checkbox"/>	Environment <input type="checkbox"/>
Children and Youths <input type="checkbox"/>	Volunteer leadership <input type="checkbox"/>	Education <input type="checkbox"/>
Disaster Assistance <input type="checkbox"/>	Building/Repair <input type="checkbox"/>	Empowerment <input type="checkbox"/>
Fundraising <input type="checkbox"/>	Disability Services <input type="checkbox"/>	Others <input type="checkbox"/>

Others (specify): _____

At what times are you available for volunteering?

Flexible <input type="checkbox"/>	Daytime <input type="checkbox"/>	Weekends <input type="checkbox"/>
Weekdays <input type="checkbox"/>	Evenings <input type="checkbox"/>	

What skills will you contribute to the Foundation?

1.
2
3.
4

Education Information

What is your highest level of education?

MSc MBBS BSc HND OND SSCE

Area of discipline: _____

Emergency Contact Information

Name: _____

Phone number: _____

Relationship: _____



All applicants must answer the following question. Failure to answer honestly will disqualify the applicant from service as a volunteer with our organization.

Have you ever been convicted of a felony or misdemeanour? Yes No

If yes, describe the condition below. Please include the date of the crime and city and state where the crime took place.

By signing below, you agree that all information you provided in this application are true to the best of your knowledge.

Signature

Date