



## VOLUNTEER APPLICATION FORM

DATE:

1. Personal Information/Contact			
<b>First Name</b>		<b>Last Name</b>	
<b>Nationality</b>		<b>Date of Birth</b>	
<b>Passport Number</b>		<b>Date of Issue</b>	
<b>Religion</b>		<b>Gender</b>	<input type="checkbox"/> Male  <input type="checkbox"/> Female
<b>Duration of volunteer ship/Volunteering</b>			
<b>Marital Status</b>		<b>Personal Address</b>	

<b>Preferred method of contact</b>		<b>Email address</b>	
<b>Current occupation/Study</b>	<b>Tick</b>  <input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time	<b>Details:</b>	
Language spoken at home?		Do you speak any foreign Language?	
<b>2. Emergency Contact Details:</b>  <b>Name:</b>  <b>Relationship to you:</b>  <b>Contacts/email address:</b>  <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>NB: Referees. Please provide the name and contact details of at least two referees:</b>		

<p><b>Name:</b></p> <p><b>Relationship to you:</b></p> <p><b>Contacts/email address:</b></p> <p><b>Sex:</b></p> <p><input type="checkbox"/> <b>Male</b></p> <p><input type="checkbox"/> <b>Female</b></p>	
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3. Experience and Qualifications. Please provide details of experience relevant to this role

What is your Highest education qualification achieved?

Bachelor in Applied Psychology

Please **tick** any of these skill areas if they relate to you:

- Training or education in special needs teaching
- Experience in teaching Children
- Experience as an occupational therapy
- Experience as physiotherapist
- Experience as psychiatrist
- Experience working with people with special needs backgrounds

Please elaborate on these experiences in the space below:

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4. What are your hobbies

5. What are your future plans?

6. Please describe yourself, including your strength and weaknesses.

7. Do you have any current or previous involvement in voluntary work? If so, please give details.

8. What skills do you have?

9. What was your motivation to choose Angel's center?

10. Where did you hear about this program?

11. Please indicate your availabilities in the space below.

**Privacy statement:**

The personal information on this form is being collected for the purpose of recruiting and selecting volunteers wishing to work with Angel's center for children with special needs. The information may also be required for evaluation purposes. Any evaluation reports developed will not identify individual volunteers by name. This information may be shared with Board members, support groups and Funding bodies.

Please tick if you would like to receive regular newsletters for Angel's center for children with special needs.

By signing this form, I attest that the information shared is true and accurate.

Signature:

Name:

Date: