



VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

First Name Last Name Date of Birth
Phone Number E-mail Address

EDUCATION

University Name Field of Study Year of Study Graduation Date

SKILLS AND AREAS OF INTEREST

First Aid Teaching Childcare Elderly Assistance Law / Human Rights
IT Graphic Design Fundraising Environmental Projects Communication

Other Skills or Interests

AVAILABILITY

Please choose the days of the week when you're usually available to volunteer Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time do you prefer to volunteer? Morning Afternoon Evening

MOTIVATION AND EXPERIENCE

Why are you interested in volunteering with us?

Do you have any previous volunteering experience?

What other experiences would be useful in a volunteer role?

LIMITATIONS OR CONDITIONS

Do you have any physical or medical conditions that might affect your ability to volunteer? Yes No

If yes, please specify

CONTACTS

Emergency contact	Name	Phone number	Relationship
References (optional)			
Name	Title	Phone number	E-mail
Name	Title	Phone number	E-mail

CONSENT AND CONFIRMATION

By submitting this form, I confirm that the information provided is accurate and complete to the best of my knowledge.

Signature

Date

