

Volunteer Application Form

Applicant Information

Your information will be securely stored and used only for verification or insurance purposes

Full Name	Phone Number
ID Number	E-mail
Date of Birth	Nationality
Address	Residency Status
Preferred Language	

Education and Employment

Highest Level of Education	Graduation Year
Current Occupation	Employer

Volunteer Position Information

Why are you interested in volunteering with our organization?

Which areas of work interest you most?

Education	Refugee Support	Environmental Projects
Childcare	Communication Outreach	Fundraising and Events
Elderly Support	Administration / Data Entry	Other

What experience do you have in these areas?

Do you have any previous volunteering experience?

What skills or experience do you bring that may support your volunteering?

Please indicate your general availability

Days	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Times	Morning	Afternoon	Evening				
Length of Commitment	one-time	1–3 months	3–6 months	6+ months	ongoing		

Health and Legal Information

Do you have any medical conditions or physical limitations we should be aware of?

Yes

No

If yes, please specify

Do you have any allergies or dietary restrictions?

Yes

No

If yes, please specify

Have you ever been convicted of a criminal offense?

Yes

No

If yes, please provide details

A conviction will not automatically exclude you from volunteering

Emergency contact

Full Name

Phone number

Relationship

References

Personal Reference (not a relative)	Professional Reference
Name	Name
Relationship	Organization / Title
Phone number	Phone number

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

Signature

Date