

Volunteer Application

Name		
Address		
City / ZIP Code / Country		
Home Phone / Work Phone		
Emergency Phone		
E-Mail Address		
Date of Birth:		
Marital status:		
Nationality:		
	t Volunteer Experience: Position/Major Responsibility	Dates of service (yy/mm)
Nationality: Any Previous or Curren		Dates of service (yy/mm) From: To:
Nationality: Any Previous or Curren		Dates of service (yy/mm) From: To:



List Your Employment/Training Background:

ployer	Position/Major Responsibility	Dates of service (yy/mm) From: To:
Interests		
Tell us in which areas you ar	e interested in volunteering.	
Administration		
☐ Fundraising☐ Field work		
☐ Carpentry		
☐ Agriculture☐ Teaching English		
Time and desired date	es for volunteering	
Time and desired date	es for volunteering	



Language skills (speak/read/write)				
	Native	Fluent	Intermediate	Beginner
German				
English				
French				
Spanish				
Others:				

Medical History	
Check all that apply to you.	
□ Asthma / Lung Problems □ Cancer □ Cardiac Disease □ Diabetes □ High Blood Pressure □ History of Back Pain □ Psychiatric Disorders □ Stroke □ Allergies □ Others	



Please explain, if you c	hecked one of the	above health iss	sues/diseases		
Please list any medica	tions you are cur	ently taking (an	d dosage if know	n) or need regul	arly
	•		_	,	
Are you vegetarian?					
Yes					
□ No					
Do you need a special of	diet?				
Yes					
□No					
If yes, please explain					



Do you smoke?
☐ Yes
□No
Do you consume alcohol ?
Yes
□No
Please describe your alcohol consumption :
☐ Daily
☐ Weekly
☐ Monthly
☐ Occasionally
Rarely
☐ Never
How did you find us?
Internet
☐Friend/ relative
Other (specify)



Please attach to this document:

- Resume/ CV
- Recent picture
- Passport copy
- Certifications of non-involvement in criminal activity
- Application letter

Applications that not include these documents will not be taken into consideration.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	