

VOLUNTEER APPLICATION FORM

Please note volunteers must be at least 18 years of age. Return form to: info@areanepal.org.np. Only selected candidate will be called for interview via Skype.

1. PERSONAL INFORMATION:

Last Name: [REDACTED]	Middle Name:	First Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd/mm/yy):	Age:
Home Address:	Province:	Postal Code:
Email:	Mobile:	Landline:
Passport No:	Date issued (dd/mm/yy):	Date Expire (dd/mm/yy):

2. EMERGENCY CONTACT:

Name:	Relationship:	
Mobile No:	Landline No:	Occupation:

3. EMPLOYMENT HISTORY

Employer	Job Title	From	To	Reason for Leaving

Current Employment Status: ☐ Full-Time ☐ Part Time ☐ Student ☐ Unemployed

4. VOLUNTEER EXPERIENCE

Organization	Your Role	From	To	Reason for Leaving

5. MEDICAL HISTORY:
List any allergies that you currently have:
List any special dietary needs that you have:
Current Medication being taken:

6. EDUCATION:			
School	Name of school or Course of Study	Highest Level Completed	Currently Attending
High School			
Post Secondary			
Other			
Special Training or Skills Received:			

Are you receiving academic credit for your volunteer work: ☐ No ☐ Yes, Hours Required _____

7. Please indicate the skills and experience you would bring to your volunteer role:		
<input type="checkbox"/> Organization skills	<input type="checkbox"/> Teaching skills	<input type="checkbox"/> Experience with children
<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Website
<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Others	

8. What are your reason for volunteering?		
<input type="checkbox"/> for academic credit	<input type="checkbox"/> to learn new skills	<input type="checkbox"/> for social interaction
<input type="checkbox"/> to gain employment skills	<input type="checkbox"/> to share my skills	<input type="checkbox"/> to stay active
<input type="checkbox"/> to support the cause	<input type="checkbox"/> others	

9. How do you hear about us:

What date do you intend to arrive?

10. How long of a commitment are you prepared to make:

☐ 3 weeks ☐ 4 weeks ☐ 6 weeks ☐ 2 months

11. How often would you like to volunteer:

☐ 4 shift/week ☐ 5 shift/week ☐ 6 shift/week

12. Please list two references, past or present employers, teachers, volunteer supervisors etc.
We CANNOT accept family members or personal friends as references.

Name	Relationship	Phone Numbers

I hereby authorize the Organization to contact the above named reference to establish my suitability as a volunteer and I hereby release them and their company from all liability for any damage for issuing the same. I further authorize the human resources department to maintain this information in their records and absolve them from liability. Disclaimer: It is the policy of the organization to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.

I understand and respect the confidential nature of the information I might have access to in performing my volunteer duties for the Organization.

Signature of Applicant _____ Date: _____

Parental Consent (for those under 18 years of age)

I give _____ my consent to work as a volunteer at the Organization

Parent's Signature _____ Date: _____

Sharing Personal Information

I authorize the Organization to publish my name in: Annual Report ☐ Yes ☐ No
Tableau ☐ Yes ☐ No

My contact information may be shared with: Fund Development Office ☐ Yes ☐ No
Membership Office ☐ Yes ☐ No

For Official Use Only

Date received Department

Date interviewed Supervisor

Additional Information