



“Giving Children a Living Chance”

Volunteer Application Form

Please note that a separate form is needed for each individual, even if you are going as a married couple or as part of a larger group. Please **PRINT, CHECK** or **CIRCLE** appropriate answers and use additional sheets to expand any answers in order to best present yourself.

Date: _____

Your Personal Details

Surname: _____ Title: _____

Forename(s): _____

Address: _____

Zip/Post Code: _____

Daytime Telephone #: _____ Evening Telephone #: _____

Facsimile #: _____ E-Mail _____

Date of Birth (dd/mm/yyyy) _____ Sex: Male Female

Married Single Divorced Widowed

If you are married, and your spouse is not intending to accompany you, do you have that person's endorsement to make this application? Yes No (If No, please explain on a separate sheet)

Do you have any dependants (parent/child etc), who rely on you for regular care and/or supervision?

Yes (please give details) _____
 No

Your Nationality: _____ Passport # _____

Date of issue: _____ Date of expiry: _____

Have you ever had a visa application refused, or been denied entry to any country? Yes No

If Yes, please give details: _____

Your Christian Experience

Please state your religious affiliation: _____

Church Attended: _____ Pastor: _____

Please describe your current relationship with God: _____

Your Education and Qualifications

Please give details of your academic experience and qualifications, including any degrees earned and in which year: _____

Degrees: _____

Other professional qualifications or further training undertaken:

What is your **first/primary** language? _____

Do you speak any other languages fluently? (give details) _____

Do you have some knowledge of any other languages? (give details of fluency, and whether written, spoken and/or read): _____

Your Current Employment

Are you currently employed? Yes No

If yes, does your employer know/approve of these plans? Yes No

Employer's Name & Address: _____

Employer's Phone # _____

Supervisor's Name & Title: _____

May we contact your employer for a reference? Yes No

Your Experience

Have you volunteered for charity/ministry work in the past? Yes No

If Yes, please briefly describe your experience, including your degree of satisfaction with your assignment.

Do you have any prior overseas work or service experience? If Yes, please describe what, where and when: _____

Have you had any other cross-cultural experience? Yes No

If Yes, please give details: _____

For how long are you available? Long Term Short Term

If Long Term, do you have any financial obligations to be met during your absence? Yes No

If Yes, please explain on a separate sheet of paper.

Are you able to assume responsibility for your own volunteer expenses? Yes No

Please write briefly about your leadership skills and any other relevant experience. Use additional sheets if necessary in order to help you present yourself to the best advantage.

Your Hopes and Concerns

What is your biggest personal hope about this assignment?

What are your three greatest concerns about such a position?

1. _____

2. _____

3. _____

What do you think you might accomplish for **others** by volunteering?

What do you think you might accomplish for **yourself** by volunteering?

Your Health

Do you have any physical limitations, acute or chronic illnesses, diet restrictions etc that *might* affect your volunteer work? Yes No

If Yes, please give details: _____

Do you suffer from any allergies? Yes No

If Yes, please give details: _____

Are there any prescription drugs you would need during your placement? Yes No

If Yes, please give details of how you would expect to obtain these: _____

Many countries require visitors to be fully immunized against prevalent diseases. Are you willing to comply fully with these requirements, as well as WER's corporate policies in this regard? Yes No

Your References

Your Pastor/Spiritual Mentor:

Name _____

Address _____

A Peer Colleague (work, college, community etc)

Name _____

Address _____

A Close Family Member

Name _____

Address _____

Have you ever been convicted of any crimes? Yes No

If Yes, please explain on a separate sheet of paper.

Person To Contact In Case of Emergency

Name: _____ Relationship to you: _____

Home Telephone: _____ Work Telephone: _____

E-mail: _____

Address: _____

World Emergency Relief
PO Box 131570
Carlsbad
California 92013
USA
Tel: 760. 930.8001

World Emergency Relief
20 York Buildings
London WC2N 6JU
U K
Tel: 087. 0429. 2129

World Emergency Relief
102 Ridley House
2 Upper Albert Road
Hong Kong
CHINA
Tel: 2116. 0639