

VOLUNTEER APPLICATION FORM



General Information

Name :

Male Female

Date of birth : Nationality:

Marital status : Single Married Divorced Widowed Other

Occupation :

Special Skills :

Institute/ Group :

Address

Address :

Mailing :

E-mail :

Telephone

Home : Cell :

Work : Fax :

Areas of interest:

- | | | | | | |
|-----------------|--------------------------|----------------------|--------------------------|---------------------|--------------------------|
| First Aid / CPR | <input type="checkbox"/> | Communication | <input type="checkbox"/> | IT | <input type="checkbox"/> |
| Construction | <input type="checkbox"/> | Fundraising | <input type="checkbox"/> | Youth Services | <input type="checkbox"/> |
| Administration | <input type="checkbox"/> | Finance | <input type="checkbox"/> | Legal | <input type="checkbox"/> |
| Social Services | <input type="checkbox"/> | Providing transport | <input type="checkbox"/> | Interior Decorating | <input type="checkbox"/> |
| Others | <input type="checkbox"/> | Hospitality Services | <input type="checkbox"/> | Landscaping | <input type="checkbox"/> |
| Grow box | <input type="checkbox"/> | Tree planting | <input type="checkbox"/> | | |

Please specify: _____

Do you volunteer with any other organization? Yes No

If yes, which organizations?

Availability

Monday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>
Friday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>

Contact person in case of accident

Contact Name :

Relationship :

Home Address :

Contact numbers:

Home : Cell :

Work : Fax :

Application

PLEASE COMPLETE FORM: RETURN TO KV LIFELINE FOUNDATION VIA: POSTAL MAIL; G003 LADY HAILES AVENUE, SAN FERNANDO, TRINIDAD. WEST INDIES, email: kvlifelinefoundation@gmail.com or email: info@kvlifelinefoundation.org, or call for information, Tel.: 1 868 470 LIFE (5433)

Agreement

I certify that the above information is true and correct and consent for KV Lifeline Foundation to record in their database for reference, and to also inform me of any upcoming volunteer opportunities.

I also consent to the use of any of my photos taken during events or programmes or marketing promotions to be used at the KV Lifeline Foundation's discretion.

Volunteer's signature: Date: