

NJCH VOLUNTEER PROFILE AND INDEMNITY FORM

Volunteer Personal Information:

Name ----- Surname -----
 Home Address -----
 ----- Postal Code -----
 Postal Address -----
 ----- Postal Code -----
 Home Telephone no. -----
 Business/Work Tel no. -----
 Cell Number -----
 Best time to call: ----- Occupation: -----
 Date of Birth: ----- Employer: -----

Volunteer Service Information:

How many hours per week can you contribute to the organization? Please circle days available:

2 Hr	M/ T/ W/ Thur/ F/ Sat/ Sun.	8 Hr	M/ T/ W/ Thur/ F/ Sat/ Sun.
4 Hr	M/ T/ W/ Thur/ F/ Sat/ Sun.	10 Hr	M/ T/ W/ Thur/ F/ Sat/ Sun.
6 Hr	M/ T/ W/ Thur/ F/ Sat/ Sun.	12 Hr	M/ T/ W/ Thur/ F/ Sat/ Sun.

Tell us in which areas you are interested in volunteering, please tick the section box:

Administrative	Events	Field Work (home)	Fundraising
Maintenance	Newsletter Production	Food gardening	Teaching (aftercare)
Recreational activities	Vocational activities	Bakery	Social work

Please indicate any previous work experience as a Volunteer in other Organization/s: (with contact reference/s if available)

Briefly describe why you offered to volunteer in this Organization:

Do you have a specific achievement goal that you plan to accomplish through Volunteer experience?

Briefly describe your hobbies & Interests:

Which of the following committees you would like to serve? Please tick the section box:

Newsletter Committee

Fundraising Committee

Communication Committee,

Other specify:

Person to Notify in Case of Emergency

Name Contact No

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.

Our Organization appreciates your interest in working with us, we are looking forward to your service for the betterment of our organization and its posterity. However, the organization will not be held responsible for anything that happens to you while offering your Volunteer services to it:

Name and contact details of a personal reference:

.....

Name of Volunteer Signature:

Signed at Date: -

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in Internship/Volunteering with us.