



**REACHOUT TO AFRICA
Volunteer Application Form**

Please return this form electronically if possible.

Email to: nick.short@reachout2africa.org

If completing by hand please print clearly.

All information gathered will be kept confidential and will be used only by Reachout To Africa.

GENERAL INFORMATION

Last Name:		First Name:	
Title:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Middle Initial (S):	
Address:		Date of Birth (DD/MM/YYYY):	
		<i>Optional*</i>	
City:	Province:	Postal Code:	
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			
Preferred contact method:			
Do you have a valid Drives License? <input type="checkbox"/> es <input type="checkbox"/> No		Drivers Licence #:	
Have you ever been convicted of an offence under the Youth Criminal Justice Act or adult law? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Area(s) of interest
(Check mark the areas of Interest)**

<input type="checkbox"/> Social Media Specialist	<input type="checkbox"/> Database Manager	<input type="checkbox"/> General Administrator
<input type="checkbox"/> Website Developer	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Events
<input type="checkbox"/> Donor Management		

**Previous Experience
(In chosen areas of Interest)**

Have you previously volunteered with Reachout To Africa? Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you provide a resume? Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/>
What training or qualifications do you have (e.g. accounting, web development, administration)?

--	--	--

Commitment

<input type="checkbox"/> Less than 6 months	<input type="checkbox"/> 6 months to 1 Year	<input type="checkbox"/> Ongoing
<input type="checkbox"/> Other (Please Explain)		

How did you hear about the volunteer program at Reachout To Africa?

<input type="checkbox"/> Internet	<input type="checkbox"/> School	<input type="checkbox"/> Friend/Relative
<input type="checkbox"/> Another Volunteer	<input type="checkbox"/> Called Directly	<input type="checkbox"/> Public Event
<input type="checkbox"/> Volunteer Centre	<input type="checkbox"/> Other (Please Specify)	

***Applicants under the age of majority must have a parent/guardian fill out the following:**

I am aware of and support my child/legal defendant's decision to volunteer with Reachout To Africa

Name:		
Relationship to Applicant:		
Telephone Number:		
	_____ Parent/Guardian Signature	_____ Date (DD/MM/YYYY)

By checking this box I **certify that** the information in this form is correct and complete. I give my permission to Reachout To Africa to obtain, if required, a criminal check and/or a driver's abstract. I **understand that** I will be advised in advance of a criminal record check and/or a driver's abstract or other program specific checks may be required.

	_____ Applicant's Signature	_____ Date (DD/MM/YYYY)
--	--------------------------------	----------------------------