



VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission and vision. If you are an advocate of our mission and willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our organization.

SECTION I (Personal Information):

Name: _____

Gender (Male or Female): _____ Date of Birth (dd/mm/yyyy): ____/____/____

Marital Status (Married/Single/Divorced/Widowed): _____

Street & Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: () _____ Home: () _____

Email: _____

Employer (current) _____ Position: _____

Past Employer (if retired) _____ Position: _____

SECTION II (Skills and Qualifications):

Formal Qualifications (e.g. Trade Certification, Diploma, Degree, Masters, PhD, etc)

Other Training/Certification (e.g. First Aid Certification, Advanced Driving, Security Guard, etc)

Do you have any special talents or skills that you feel would benefit our organization?

Do you speak any other language(s) other than English? Kindly list them below;

Have you ever volunteered? YES or NO? _____

When and where did you volunteer (if YES)? _____

Which organization (name) did you volunteer with? _____

What were your duties? _____

SECTION III (Volunteer Interest and Availability):

Please tell us the specific area you are interested in volunteering (Either HEALTH or EDUCATION) _____

Please indicate length of stay (Days, Weeks, Months): _____

If you have specific dates please indicate: From _____ To _____

Hobby(s): _____

SECTION IV (Security and Safety):

Have you ever been convicted for violation of any laws, traffic or otherwise (YES or NO)? _____

If Yes, Please Explain:

Do you have any physical limitations that may affect your activities? Please state and explain

Do you have any allergies (YES or NO)? _____

Name ALL allergies: _____

SECTION V (Emergency Contact and References):

Please list two (2) persons we may contact on your behalf in case of an emergency. By giving us this information, you acknowledge consent for us to contact any of these persons listed below on your behalf.

Emergency contact 1:

Name _____

Phone _____

Address _____

Relationship _____

Comments: _____

Emergency contact 2:

Name _____

Phone _____

Address _____

Relationship _____

Comments: _____

I verify that all of the above information is true, complete, and correct, and I understand that if it is not, I am disqualifying myself for a volunteer opportunity. I also understand that I am applying for a volunteer position and that this is not an application for, nor a contract of paid employment. I further agree that as The Benson Foundation volunteer, I will not accept any payment for my services. I will also take required orientation or training where applicable. I authorize any verification of a criminal record check if it is required for my volunteer position.

As a volunteer of The Benson Foundation I agree to abide by the policies and procedures. I understand that I will be volunteering at my own free will and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

NAME: _____

SIGNATURE: _____

DATE: _____

NOTE: A copy of your passport and a second form of Identification (preferably driver license) is required for verification of person. The applicant will receive a call or email from a representative of The Benson Foundation within 10 working days of completing this application.

FOR OFFICIAL USE ONLY

Interview by _____

Date: (dd/mm/yyyy): ____/____/____

Comment: _____
