



Nurses & Angels International Volunteer Application Form

Thank you for your interest in becoming NAI volunteer. This application form was developed specifically for our missions program, where we deal with patient care and counseling, and therefore some of the questions may seem duly personal and private. However, this information has been proven to be most helpful in making our volunteer assignments.

Name: _____ Today's Date: _____

Address: _____ City/State/Zip: _____

Date of Birth: _____ Social Security: _____

Cell Phone: _____ Email Address: _____

Former Work / Occupation: _____ Employer: _____

Languages: *Fluent / Read / Write* _____

Physical Limitations: (Please circle correct response) No Yes (*please explain*) _____

Education (highest level completed): (*Please circle correct response*)

Grade 1-5 Grade 6-9 Grade 11-12 College Business Graduate
Technical/Vocational

Please indicate your proficiency level on the following: *Skilled / Can Teach / Amateur*

Computer	_____	Photography	_____
Public Speaking	_____	Videography	_____
Coordinating Events	_____	Graphic Design/Art	_____
Praying	_____	Leadership	_____
Counseling	_____	Health care	_____

Volunteer Experience	Dates:	Description of Work
_____	_____	_____
_____	_____	_____

Other Involvements/Church Ministry/Professional Affiliation/Honors: _____



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Why do you want to be a NAI Missions Volunteer? _____

Volunteer Availability: *(Circle all applicable)*

Number of Days per week: 1 2 3 4 5 **Available Time:** Days Evening Weekends
 Monday Tuesday Wednesday Thursday Friday No preference

Transportation: *(How will you get to your assignment?)*

Public Transportation Walk Carpool Other: _____

Person to be notified in an emergency: _____ **Telephone:**

Please indicate NAI Missions you are interested in volunteering: *(Proposed Dates are tentative and subject to change)*

- Psalm 103 Project *(Prayer for the Sick Ministry)*
- Guatemala Medical Mission *(June 27th, 2018)*
- Philippines Gospel Project - Home for Girls *(August 8th, 2018)*
- El Salvador Medical Mission *(September 26th, 2018)*
- Peru Medical Mission *(November 7th, 2018)*
- Mexico Gift Giving Project *(December 2018)*

Other Needs:

- Caller
- Office/Clerical /Data Entry
- Fundraising
- Events

Two Personal References *(excluding family members).*

1. **Name:** _____ **Relationship to Applicant:** _____

Phone: _____ **Address:** _____

2. **Name:** _____ **Relationship to Applicant:** _____

Phone: _____ **Address:** _____

Please enclose a copy of your Driver's License and Passport. Initials (____)

I am willing to make a 6-month commitment as an active volunteer of Nurses & Angels International. Initials (____)

I do authorize the release of all records or information to Nurses & Angels International to be used in a background investigation as a prerequisite of volunteering. Background information will include a criminal record check, employments records verification, and references.

Signature of the Applicant _____

Return this form to:
1445 E. Los Angeles Avenue #301-W
Simi Valley, CA 93065
Email: info@nursesandangelsinternational.org
Fax: +18056207891