



VOLUNTEERING /INTERNSHIP APPLICATION FORM

Antelias, Naccache zone, Kassis Street, Kassis Bldg Block C – 2nd floor

Please attach a
passport-size
Photograph

First Name	
Father's Name	
Last Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Personal Information:

Full Home Address:			
Nationality:		Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Mobile No:		E-mail:	
Date of Birth:		Place of Birth:	

Skills & Education

Skills and Qualifications. Formal Qualifications: (Diploma, Degree)	<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University Certificate:
Student <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> College/University: Year: <input type="checkbox"/> Degree/Specialization:
Working Experience	<input type="checkbox"/> Actual Occupation: <input type="checkbox"/> Previous Job/Volunteering:
Computer Skills:	<input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Photoshop <input type="checkbox"/> Other
Language Skills	<input type="checkbox"/> English <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> French <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Arabic <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Other:
Pictures Consent Form: Permission to be taken in pictures that can be featured on TV or social media	Yes No
What kind of work is required for your volunteering/internship with AAA	<input type="checkbox"/> Work with a child with Autism <input type="checkbox"/> Administrative Work



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Reason of Volunteering/Internship	Required by University or Personal
List any Skills you have as well as any Training that you have had which will be applicable to your work and if have you any experience with autism.	Click or tap here to enter text.
Medical Record & Covid Status	Status Blood type: <input type="checkbox"/> Covid
What Dates would you be available for your internship, We are open Monday to Friday (9am-2pm) Please Specify Days and Duration	Available Dates for Volunteering: Month: Duration: Nbr of hours or days:

I PLEDGE TO FOLLOW THE STANDARDS OF PROFESSIONAL CONDUCT:

Behavior:

- **Avoid** any form of **Misconduct**, **Abuse** or neglect
- Work with individuals on the Autism Spectrum Disorder **Respectfully**
- Any Form of **Misconduct** to be reported to the person in charge
- Any form of **Bullying or harassment** causes termination of contract

Privacy

- To respect the **privacy** of information collected and to be kept **Confidential**
- No **private** information to be diffused outside the association
- **No Photos** are allowed during activities unless requested for evaluation or documentary purposes by the administration.
- Shall not make **false** statements regarding a colleague's competence and performance.

Smart Dress Code

- **Wear appropriately smart** when working with students.

- ✓ تجنب أي شكل من أشكال سوء المعاملة أو التحرش أو الإهمال
- ✓ الاحترام والمحافظة على السرية
- ✓ يمنع نشر أية صور أو معلومات خاصة بالجمعية أو بالأشخاص ذوي التوحد خارج الجمعية
- ✓ قواعد اللباس : أسلوب أنيق ، بسيط واحترام

I, the undersigned, hereby certify that statements I have given are **true**, accurate and correct to the best of my knowledge, consent and belief and would like to have my **volunteering/internship** at AAA and **My civil status record is clean**.

Please attach: Copy of: ID & School/University ID; One Photo.

Name/Signature:

Date:

NB: Internship presence/schedule should be respected as agreed upon.

Any absence should be justified in advance