

educate • empower • engage

VOLUNTEER APPLICATION FORM

Please return completed form to ckigugu@overcomersnh.org or mailt/drop off at 90 Airport Road, Suite #25, Concord, NH 03301

Personal / contact details:						
Date	/ /					
Name						
Address						
Phone 1						
Phone 2						
Email address						
Preferred method of contact						
Current occupation /	☐ Work ☐ Study ☐ Full time ☐ Part time					
study	Details:					
	☐ Work ☐ Study ☐ Full time ☐ Part time					
	Details:					
Birthday:						
Emergency Contact Detail	ils:					
Name:						
Relationship to you:						
Phone 1:	Phone 2:					

References. Please provide the name and contact details of at least two references:							
Name:							
Phone1:	Phone2:						
Relationship to you:							
Name:							
Phone1:	Phone2:						
Relationship to you:							
Name:							
Phone1:	Phone2:						
Relationship to you:							
Experience and qualification	s. Please provide details of experience relevant to this role						
Please check any of these skill areas if they relate to you:							
☐ Training/education in nutri	☐ Training/education in nutrition education						
☐ Experience teaching or tutoring school students							
☐ Experience teaching English	sh as a Second Language						
☐ Special knowledge in New American populations							
☐ Experience working with New American populations							
☐ Experience in case manage	ement, employment, mental health, etc.						
Please elaborate on these exp	eriences in the space below:						
Languages spoken							
Other volunteer work							
Hobbies / Interests							
Why are you interested in volunteering with Overcomers Refugee Services?							
Please indicate your availabilities in the space below							
Where did you hear about Overcomers Refugee Services?							

Personal Information:							
Age	□ <18	□ 18-25	□ 26-35	□ 36-45	□ 46-55	□ 55+	
Language spoken at home?							
Highest level of education							
achieved?							
Privacy statement: The personal information on this form is being collected for the purposes of recruiting and selecting volunteers wishing to work at Overcomers Refugee Services (ORS) The information may also be required for evaluation purposes. Any evaluation reports developed will not identify individual volunteers by name. This information may be shared with other stakeholders and funding bodies.							
By signing this form, I attest the I understand that submitting the there is a selection process include am willing to volunteer for Over	is applicat luding con	ion form do	oes not auto a satisfactor	matically re ry participa	egister me a tion in trair	ning. I confirm that I	
Signature:							
Name:	Date:						

Overcomers Refugee Services is committed to the safety and wellbeing of all people we serve accessing our services. We support the rights of people we serve and will act without hesitation to ensure their safety is maintained at all times. We also support the rights and wellbeing of our staff and volunteers and encourage their active participation in building and maintaining a secure environment for all participants.