



FOR OFFICE USE

Volunteer Ref # _____ Date _____

Volunteer Application Form

Thank you for your interest in volunteering with *Skadek Network International, Inc.*

Volunteers play a vital role here at Skadek Network International, Inc.

All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Personal Details

Name: _____ Mr. Mrs. Miss. Ms.

Postal Address: _____

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

Birth-date: _____
Day / Month / Year

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____ Relationship: _____

Telephone: (Home) _____ (Mobile) _____

Equal Opportunities

All volunteer recruitment decisions will not be influenced by race, color, nationality, religion, sex, marital status, family status, sexual orientation, disability or age. Skadek Network Int'l., Inc., fully endorses a working environment free from discrimination and harassment.

Your Skills and Interests

1. Have you ever done any voluntary work before? Yes No

If you answered yes, please tell us a little about the experience.

2. Why do you want to volunteer now? What has motivated you to get in touch with us?

3. Do you have any particular skills or qualities that you could use in your voluntary work?

6. When are you available for voluntary work? Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

7. How long do you intend to volunteer for?

_____ (note that some opportunities demand a minimum time commitment)

References

1. Name: _____ Relationship: _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

2. Name: _____ Relationship: _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

If you have any queries when completing this application form, please phone **(929) 600-3147 | (718) 704-8355 | (917) 444-0992** or e-mail executiveassistant@adekoya.nyc. If you would like to find out more about **Skadek Network International, Inc.**, visit our website www.skadeknetwork.com

Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true. I acknowledge that during the course of performing my assigned duties at Skadek Network International, Inc., I may have access to, use, confidential information. I hereby agree to handle such information in a confidential manner at all times during and after my employment at this organization.

Signed _____ Date _____

For office use only

Notes

Volunteer Position _____

Volunteer Interview _____

Volunteer Role Description sent _____

References Collected _____

Volunteer Start Date _____

New Jersey Office
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Elizabeth, New Jersey 07202
United States of America

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P.O. Box 930425
Rockaway Beach, NY 11693

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