



**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.

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### Personal Details

Name: \_\_\_\_\_ Mr.  Mrs.  Miss.  Ms.

Postal Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month / Day / 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

Have you ever done any voluntary work before?

Yes  No

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

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Why do you want to volunteer now?

What has motivated you to get in touch with us?

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

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When are you available for voluntary work?

Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How long do you intend to volunteer for?

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(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: \_\_\_\_\_

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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](mailto:executiveassistant@adekoya.nyc). If you would like to find out more about *Skadek Network International, Inc.*, visit our website [www.skadeknetwork.com](http://www.skadeknetwork.com)

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

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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, and use, confidential information. I hereby agree to always handle such information in a confidential manner during and after my employment at this organization.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## For office use only

Volunteer Position \_\_\_\_\_  
Volunteer Interview \_\_\_\_\_  
Volunteer Role Description sent \_\_\_\_\_  
References Collected \_\_\_\_\_  
Volunteer Start Date \_\_\_\_\_

## Notes

**New Jersey Office**  
1207 E Grand Street, 3rd Floor.  
Elizabeth, New Jersey 07201  
United States of America

**Satellite Office:**  
528 Linden Avenue  
Elizabeth, New Jersey 07202  
United States of America

**Mailing Address:**  
175 Beach 97th Street  
P.O. Box 930425  
Rockaway Beach New York 11693

**New York Office**  
90-25 161st Street, Suite 501  
Jamaica, New York 11432  
United States of America