

Education (Please list your most recent or current qualifications first)

<u>Institution</u>	<u>Degree/Certificate Awarded & Year of Graduation (if applicable)</u>	<u>Location</u>

Volunteer Experiences

Summarize your previous volunteer experiences if any.

How did you learn about Dignity and our Volunteer Program?

Why do you want to volunteer with Dignity for Children Foundation? Summarize your goals and expectations.

Skills & Abilities

Summarize special skills and qualifications you have acquired from employment, previous volunteering work or through other activities. (e.g. foreign languages, sports, IT expertise, etc)

What are three of the strengths that you could contribute to Dignity for Children Foundation?

Are there any areas of challenges and/or limitations that may hinder your contribution as a volunteer?

References (Choose at least one of the options below)

Employer (Kindly indicate if this is your current or previous employer)

Name	
Occupation	
Address	
Daytime Phone No.	
Mobile Phone No.	
E-mail Address	
Relationship to you	

Community leader (e.g. pastor, coach, teacher etc)

Name	
Occupation	
Address	
Daytime Phone No.	
Mobile Phone No.	
E-mail Address	
Relationship to you	

History

Have you ever been convicted of a criminal offence? Yes No

If yes, please explain – the nature of the crime(s), when and where you were convicted and the disposition of the case.

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Have you ever struggled with the following areas? Yes No

<input type="checkbox"/> child pornography	<input type="checkbox"/> pornography
<input type="checkbox"/> molestation	<input type="checkbox"/> violence against others
<input type="checkbox"/> violence against yourself	<input type="checkbox"/> violence against animals
<input type="checkbox"/> verbal abuse	<input type="checkbox"/> others (please specify below)

Please describe the nature of your struggle:

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Medical History

Please specify if you have undergone any surgery or experienced any serious illnesses, physical or mental illnesses/disabilities in the past five years:

Are you currently on any prescription medication?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please specify:							
Do you smoke tobacco? (i.e. cigarettes, vaporizer, cigar etc)				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (if no, please skip to alcohol use)
Past: Quit Date: _____ Packs/day: _____ # of Years: _____							
Do you drink alcohol?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor				# of Drinks/Week :			
Have you ever had problems with drug abuse (prescribed or otherwise)?				<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Please specify:							

Emergency Contact

Name	
Street Address	
City, State, Post Code	
Home Phone	
Work Phone	
Mobile No.	
Relationship to you	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I also understand that I shall conform to the Code of Dressing, Child Protection Policy and any other policies pertaining to the media where no articles or pictures will be used without the prior consent of Dignity for Children Foundation, Communications Department. This includes pictures on any social media.

Name	
Signature	
Date	

Thank you for completing this application form and for your interest to volunteer with us.