



Volunteer Application



Contact Information

Name			
Street Address			
City ST ZIP Code			
Mobile Phone			
Email (Please PRINT)			
Date of Birth			
Preferred Communication	<input type="checkbox"/> Facebook	<input type="checkbox"/> What'sapp	<input type="checkbox"/> SMS
Emergency Contact		Mobile Phone	

Availability

Preferred Orphanage Visiting days:

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

Interests

Tell us in which areas you are interested to volunteer in:

<input type="checkbox"/> Cuddler – Visit the Orphanage and help with holding the babies (0-12 months)
<input type="checkbox"/> Toddler Activities – Design and implement activities for children ages (1-5 years)
<input type="checkbox"/> Runner – Coordinate doctor and hospital visits for the babies
<input type="checkbox"/> Service - Medical Professionals – Pediatricians, physiotherapists, etc.
<input type="checkbox"/> Fundraising – Set up and market fundraising events or simply Contribute
<input type="checkbox"/> Miscellaneous – Assist with Newsletter, Website, Accounts, etc.
<input type="checkbox"/> Blood Donor (willing to donate blood) Blood Type: _____

Special Skills or Qualifications and any Previous Volunteer Experience

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 have read and understood the Volunteer guide and will abide by all the rules.

Name (printed)	
Signature	
Date	

We reserve the right to withdraw membership if you violate any of the rules in the volunteer guide. You will be required to return your ABC ID Card at this time.