

Volunteer Application Form

PLEASE PASTE
PASSPORT
SIZE PHOTO

**The information provided on this form is strictly confidential and is intended for screening and placement services only. Please note that a contribution of RM50 would be required for short term (less than a month) volunteers. This will be made payable once the placement is confirmed.*

Contact Information

First Name		Last Name																	
House Address																			
City/State		Postal Code																	
Home Phone No		Skype Id																	
Mobile Phone No.																			
E-Mail Address																			
Date of Birth	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr><tr><td><i>d</i></td><td><i>d</i></td><td></td><td><i>m</i></td><td><i>m</i></td><td></td><td><i>y</i></td><td><i>y</i></td></tr></table>			/			/			<i>d</i>	<i>d</i>		<i>m</i>	<i>m</i>		<i>y</i>	<i>y</i>	Sex:	
		/			/														
<i>d</i>	<i>d</i>		<i>m</i>	<i>m</i>		<i>y</i>	<i>y</i>												

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/>	Administration	<input type="checkbox"/>	Events Coordination
<input type="checkbox"/>	Teaching Preschool	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Teaching Primary School	<input type="checkbox"/>	Deliveries
<input type="checkbox"/>	Teaching Secondary School	<input type="checkbox"/>	Newsletter production
<input type="checkbox"/>	Communications and writing	<input type="checkbox"/>	Volunteer coordination
<input type="checkbox"/>	Web/electronic source management	<input type="checkbox"/>	Mental health & counseling
<input type="checkbox"/>	others (please specify below):		

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Availability

State time, days or date, and probable duration of availability: (Please note our operation is from Monday-Friday except for special events).

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Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies or sports.

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Education completed to date:

Completed:	Current study status:
High School Diploma	Not studying
College Diploma	Studying
University – undergraduate University: _____ Area of study: _____	Level: _____
University – graduate (Bachelor/ Master) University: _____ Area of study: _____	Year: _____
University – PhD University: _____ Area of study: _____	Area of study: _____

Previous Volunteer Experience

Summarize your previous volunteer experience if any.

Why do you want to volunteer with Dignity for Children Foundation?

Summarize your goals and expectations.

Strengths

Please identify three strengths that you could contribute to Dignity for Children Foundation.

Challenges/Limitations

Please identify and summarize any area of challenge or limitation that may hinder your contribution as a volunteer.

How did you come to know about Dignity?

Reference: Please provide a character reference. (Choose at least one)

Employer (current/Previous)

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

Community leader (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 describe the crime – state the nature of the crime(s), when and where convicted and disposition of the case.

Do you/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:

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"/>	Y	<input type="checkbox"/>	N				
Please specify:											
Do you smoke?				<input type="checkbox"/>	Y	<input type="checkbox"/>	N				
Please note that smoking is not allowed at the hostel nor at any of our classrooms/premises and also not in the presence of our children.											
How frequently do you consume alcohol?		<input type="checkbox"/>	Never	<input type="checkbox"/>	Few times a year	<input type="checkbox"/>	Once a month	<input type="checkbox"/>	Every day		
Have you ever had problems with drug abuse (prescribed or otherwise)?				<input type="checkbox"/>	Y	<input type="checkbox"/>	N				
Please specify:											
Have you ever had problems with alcohol abuse?				<input type="checkbox"/>	Y	<input type="checkbox"/>	N				
Please specify:											

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Mobile No.	
E-Mail Address	

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 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 in volunteering with us.

FOR OFFICE USE ONLY

Date of receipt			
Date of response			
Volunteer placed at:			
Start date		End Date	
Other arrangements			
Code of dressing (briefed)	Smart attire (No shorts, short skirts, jeans, low necklines, long finger nails etc) T shirts/School Uniforms for those coming from colleges are acceptable. Skirt length below knee. Hair to be tied up neatly.		
Child protection Policy (brief)			
Does he or she smoke/drink?	To advise on our no smoking/drinking policy at the hostel/classroom/premises.		
Contribution fee RM	Yes	Amount	No
Charges (Overseas Vols)	Food and Accommodation weekdays (Mon. – Friday) Accommodation on weekends (Sat. & Sun) (Meals are not available on Fridays, Saturdays, Sundays and on Public/School Holidays)		RM50 per day RM15 per day
Interview done by/on			
Remarks/Notes			