



# Volunteer

*Work for a cause, not for applause.*

## Questionnaire/Agreement

The following indicates the significance of the relationship between The Inspiration Center (TIC) and our volunteers and visiting teams. The intent of this agreement is to set out the conditions of your involvement in the TIC Volunteer Program and of our obligations to you. To complete your application process, please email or deliver to The Inspiration Center.

<b>PERSONAL DETAILS</b>		
Last Name:	First Name:	Male ( <input type="checkbox"/> ) Female ( <input type="checkbox"/> )
Address:	City:	Country:
Home Phone:	Mobile Phone:	Email:
Emergency Contact Person (relation):	Emergency Contact Phone:	
Please list any health information (including allergies) that TIC should know be aware of in the event of an emergency:		
*In the case of chronic illnesses, please attach list of medications taken and necessary medical clearance for volunteering.		
<b>VOLUNTEER PROFILE</b>		
Education:		
Current Occupation: ( <input type="checkbox"/> ) Student ( <input type="checkbox"/> ) Other:		
School/Organization:		
Have you volunteered before? ( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No If yes, where and in what capacity?		
Do you speak any language other than English? If so, which?		
Have you ever been convicted of a crime? ( <input type="checkbox"/> )Yes ( <input type="checkbox"/> )No		
*If yes, please explain		

**VOLUNTEER INTERESTS**

Why do you want to volunteer at TIC?

() Long-term/ongoing volunteering:

() Special event/short-term volunteering:

\*Details

\*Details

**INTERNATIONAL VOLUNTEER ONLY**

Airline:

Departure Date:

Return Date:

Accommodations:

Supplies requiring Custom Clearance: () Yes () No  
(Please attach list with item/quantity/estimated value)

Other prerequisites:

- Have all current doctor-recommended immunizations
- Description of work, education, & volunteer history (If applicable)
- Copy of your medical/practicing license (s) (if applicable)

I understand that I am applying for an unpaid volunteer position at The Inspiration Center. As such, I agree to follow all guidelines and policies set forth, and will, to the best of my ability, uphold the mission of TIC. I certify that the answers herein are true and complete to the best of my knowledge. I authorize any investigation necessary of the statements contained in this application to become a volunteer as may be necessary in arriving at a decision (Which is at TIC's discretion). I understand that misrepresentations, omissions of fact, false, incomplete or misleading information given in my application/resume may remove me from further consideration for volunteering.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**PARENT PORTION:** (If under 18 years of age)

I \_\_\_\_\_, mother/father/guardian of \_\_\_\_\_, have read and understand this application and give my child permission to volunteer at The Inspiration Center. I accept full responsibility for my child to participate in day-to-day and other activities at the center. Additionally, I authorize The Inspiration Center to seek emergency medical attention for my child in the event of an emergency.

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## OUR COMMITMENT

We commit to the following:

- To provide adequate information and assistance so that the volunteer is able to meet the responsibilities of their role.
- To ensure supervision and support to the volunteer and to provide feedback on their performance.
- To respect the skills, dignity and individual needs of the volunteer, and to work with them flexibly to meet their requirements.
- To be receptive to any comments from the Volunteer regarding ways in which we might better accomplish our goals.
- To treat each Volunteer as a partner with the Volunteer Coordinator and staff, in accomplishing set goals.
- To provide safe workplaces and practices during all rostered hours of work.

All work produced whilst working for The Inspiration Center, or use of their resources remains the property of The Inspiration Center. TIC undertakes to fairly acknowledge and recognize the work of the volunteer or volunteers.

Please attach:

- Resume (If applicable)
- Reference
- A photocopy of work/school identification card and a passport-size photo with your name on the back.

<b>FOR OFFICIAL USE ONLY</b>	
Date Received:	_____
Acknowledgment date:	_____
Management Approval: ( <input type="checkbox"/> ) Yes	( <input type="checkbox"/> ) No _____ (Date)
_____ Signature/Date	

You can contact us via: Phone- (501)222-5986/5987  
Fax- (501)222-5988  
Email- [info@inspirationcenter.bz](mailto:info@inspirationcenter.bz)  
Website: [www.inspirationcenter.bz](http://www.inspirationcenter.bz)

*Thank you for considering us!*