



New Group Volunteer Questionnaire

We encourage the participation of volunteers who support our mission and are willing to contribute. The information provided through this form will be kept confidential and will help us determine the most satisfying and appropriate volunteer opportunity for you.

GROUP PROFILE

Name: _____

Type of Organization: ☐ Non-Profit
☐ Faith-based
☐ School/University
☐ Other (Specify) _____

Originating Country: _____

Contact Person(s): _____

Title: _____

Address: _____

Phone: _____

Mobile: _____

Email: _____

Website: _____

Is the group new to Belize? ☐ Yes ☐ No

TEAM DETAILS

• Total number of persons _____

☐ Doctors _____

☐ Physical Therapists _____

☐ Occupational Therapists _____

☐ Speech Therapists _____

☐ Students _____

☐ Other _____

VOLUNTEER INTERESTS

Why does your group want to volunteer at TIC?

☐ Long-term/ongoing volunteering:

*Details

☐ Short-term volunteering:

*Details

List dates you are available to volunteer

As _____ (title) of _____ (Group name), 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 provided in this
questionnaire and I understand that misrepresentations, omissions of fact, false, incomplete or misleading
information given may remove my group from further consideration for volunteering.

Representative Signature

Date

OUR COMMITMENT

We commit to the following:

- To provide adequate information and assistance for volunteer to be able to meet the responsibilities of their role.
- To ensure supervision and support to the volunteer and to provide feedback on their performance via TIC volunteer evaluation.
- To respect the skills, dignity and individual needs of the volunteer.
- To be receptive to any comments from the volunteer regarding ways in which we might better accomplish our goals.
- To provide safe workplaces and practices during all rostered hours of work.

All work produced while working for The Inspiration Center as well as resources provided remain the property of Center. TIC undertakes to fairly acknowledge and recognize the work of the volunteer

If accepted team leader will be asked to provide the following:

- Individual volunteer applications along with notarized copies of current licenses, diploma and an official picture ID.
- List of supplies for custom clearance (if applicable)

FOR OFFICIAL USE ONLY

Date Received: _____

Acknowledgment date: _____

Management Approval: () Yes () No _____ (Date)

Signature/Date

You can contact us via: Phone - (501)222-5986/5987

Website: www.inspirationcenter.bz

Submit completed questionnaire to: info@inspirationcenter.bz

Thank You!