

Individual Volunteer Application

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.

PERSONAL DETAILS				
Last Name:	First Name:	Male (_) Female (_)		
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 (if applicable):				
*In the case of chronic illnesses, please attach list of medic	ations taken and necessary medical clearance for	volunteering (if applicable).		
VOLUNTEER PROFILE				
Education:				
Current Occupation:				
Student	Other:			
School/Organization:				
Have you volunteered before? Yes If yes, where and in what capacity?	○No			
Do you speak any language other than English? If so, which?				
Have you ever been convicted of a crime? Y	es O No			
*If yes, please explain				

VOLUNTEER INTERESTS			
Why do you want to volunteer at TIC?			
O) Long-term/ongoing volunteering:	◯ Short-te	rm volunteering:	
Dates available to volunteer:	Dates availa	Dates available to volunteer:	
INTERNATIONAL VOLUNTEER ONLY (if applica	ble)		
Airline:	Arrival Date:	Departure Date:	
Accommodations:			
to follow all guidelines and policies of a certify that the answers herein are investigation necessary of the misrepresentations, omission of application/resume may remove meaning the second	n unpaid volunteer position a set forth, and will, to the best true and complete to the statements provided in facts, false, incomplete or the from further consideration f	t The Inspiration Center. As such, I agree of my ability, uphold the mission of TIC. best of my knowledge. I authorize any this application. I understand that misleading information given in my	
Volunteer Signature	Date		
PARENT PORTION: (If under 18 year	s of age)		
I	r my child to participate in da	nission to volunteer at The Inspiration ay-to-day and other activities at the	
Volunteer signature	Parent 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

Please attach:

Resume along with 2 references

If accepted, volunteer will be asked to provide notarized copies of current licenses, diploma and an official picture ID.

FOR O	FFICIAL USE C	ONLY	
Acknowledgment date:	-		
Management Approval: (_) Yes	() No	(Date)	
		Signature/Date	

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

Website: www.inspirationcenter.bz

Submit your completed application form to: info@inspirationcenter.bz

Thank You!