

PHOTO

TYPE OF INVOLVEMENT	
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> NON-MEDICAL

**VOLUNTEER APPLICATION FORM**

Name					NRIC No & Colour	
Date of Birth		19	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	Blood Group		Nationality	
Language (s)	Spoken:		Written:		Passport No. & Expiry Date	
Occupation				Specialised In		
Home Address:				Organisation		
				Office Address:		
Postcode				Postcode		
Mobile Tel. No.				Office Tel. No.		
Home Tel. No.				Office Fax No.		
Email Address						

**SKILLS AND INTEREST (please tick wherever relevant)**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Domestic Relief Mission & Humanitarian Services      | <input type="checkbox"/> Admin/HR        | <input type="checkbox"/> Tailoring.HDraissing | <input type="checkbox"/> Carpentry/Construction                       |
| <input type="checkbox"/> International Relief Mission & Humanitarian Services | <input type="checkbox"/> Architecture    | <input type="checkbox"/> Fundraising /PR      | <input type="checkbox"/> Chain/Warehousing/Procurement                |
| <input type="checkbox"/> Both   | <input type="checkbox"/> Legal           | <input type="checkbox"/> Finance/Accounting   | <input type="checkbox"/> Counselling/Psychosocial Prog.               |
|   | <input type="checkbox"/> Music inst/tea. | <input type="checkbox"/> ICT                  | <input type="checkbox"/> Engineering (water, environment, civil, etc) |
|   | <input type="checkbox"/> Medical         | <input type="checkbox"/> Logistics/Supplies   | <input type="checkbox"/> Production/ Photography /Video               |
|   | <input type="checkbox"/> Mechanics       | <input type="checkbox"/> Training & Devt.     | <input type="checkbox"/> Publications/Journalism/ Multimedia          |
|   | <input type="checkbox"/> Others          |   |   |

Would like to volunteer:  Full Time For Specific Period \_\_\_\_\_ (Please specify when)

Duration:

 Less than 1 week 2-3 weeks More than 1 month**In Case of Emergency, please contact:**

1 <sup>st</sup> Contact Person				2 <sup>nd</sup> Contact Person			
Name				Name			
NRIC				NRIC			
Relationship				Relationship			
Address:				Address:			
Postcode				Postcode			
Tel. No. 1				Tel. No. 1			
Tel. No. 2				Tel. No. 2			

## ACKNOWLEDGEMENT

I declare that the information provided above, in the best of my knowledge, is true and correct. I agree to abide by all rules and regulations set by SALESIANS OF DON BOSCO AGL Ltd and am fully aware that SALESIANS OF DON BOSCO AGL has the right to reject or suspend my application should there be any false information provided in this application form or found to be incorrect.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Note:**

**Please submit the following documents when applying:**

- Your CV for our reference and retention;
- Photocopy of passport and NRIC;
- Certified true copy of academic and professional certificates; and
- 1 copy of passport-sized photo.

**Failure in submitting the above documents may slow down your application process.**

**All newly registered volunteers are REQUIRED to attend the Volunteer Induction Programme (VIP) before embarking on any mission. At the VIP you will learn more about the work we do and will also give an introduction to the international humanitarian system. If you are interested to join our international missions, you are expected to attend the Basic Mission Training (BMT) to prepare you for what lies ahead**

**Please send your completed form to:**

**VOLUNTEER MANAGEMENT DEPARTMENT office  
(Salesians of Don Bosco Africa of the Great Lakes)**

Physical address , KN 12 Av 45  
P. O. Box 6313, Kigali-Rwanda  
Tel: +250 252 580 575

E-mail: [info@sdbaql.org](mailto:info@sdbaql.org) [info@bpd.sdbaql.org](mailto:info@bpd.sdbaql.org)  
Website: [www.sdbaql.org](http://www.sdbaql.org) [www.bpd.sdbaql.org](http://www.bpd.sdbaql.org)

## FOR OFFICE USE ONLY

Reference :  Post  Email  Walk-in  Chapter  VRD/VIP at \_\_\_\_\_

Date Received : \_\_\_\_\_ by: \_\_\_\_\_

Application :  Approved  Rejected  KIV by: \_\_\_\_\_

Remarks : \_\_\_\_\_

Acknowledgement Letter Issued – by: \_\_\_\_\_ Date: \_\_\_\_\_

Application Keyed-in – by: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Registration No. : \_\_\_\_\_