



## God's Children Ministries Volunteer Application Form

Thank you for your interest in wanting to volunteer with us. Please read the following instructions before completing the form.

### **Important**

All date fields must be completed in the format Day/Month/Year (e.g. 01/11/1952). Please mark any fields that do not apply to you as N/A.

### **How to Submit your Application**

Complete the application form using MS Word and then print, sign and scan the form. Attach the signed and scanned form to an e-mail along with a scanned photo of yourself and a scanned image of the photo-page of your passport or other photo ID and submit it to [volunteer@godschildrenministries.org](mailto:volunteer@godschildrenministries.org). In the e-mail subject field please state 'Submitting: Volunteer Application Form', quoting any reference number.

### **Duration for your Availability**

Please state the date you are available from as well as the end date of your availability.

Start Date:	End Date:
<input type="text"/>	<input type="text"/>

### **1. Projects**

Name the FORCE D'ENTRAIDE ET DE DEVELOPPEMENT INTEGRE project(s) that you would like to volunteer for and state your skills and expertise for the project(s). You can also specify the location where you would like to volunteer for the project(s). Please also state the date from which you can start your volunteering efforts and the total duration you can offer time/efforts from the start date.

#### **Project A**

Project Name:	Project Location:
<input type="text"/>	<input type="text"/>

Skills/Expertise:

Start Date:	Duration:
<input type="text"/>	<input type="text"/>

## 2. Personal Details

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Title:

First Name:

Last Name:

Nationality:

Date of Birth:

Place of Birth:

Gender:

Marital Status:

Blood Group:

## 3. Contact Details

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House/Flat/Apartment Number or Name:

Street Address:

Town:

County:

Country:

Post Code/ZIP Code:

Telephone (home):

Telephone (mobile/work):

E-mail:

## 4. Driving License Details

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If you have a driving license please provide the following details.

Number:

Issue Date:

Expiry Date:

Place of Issue:

If you have any endorsements on your license please list them in the space below.

Endorsements:

**Passport Details**

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Number (optional):	Issue Date:	Expiry Date:	Place of Issue:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**IMPORTANT**

When you submit your application to FORCE D'ENTRAIDE ET DE DEVELOPPEMENT INTEGRE please also submit a photocopy or a scan (if submitting via e-mail) of your passport's photo page.

**5. VISA Requirements (mark appropriate fields with a ✕)**

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Do you require a VISA to travel to the site of the project?

YES:	NO:
<input type="text"/>	<input type="text"/>

If YES, you will be required to make your own arrangements to obtain the relevant VISA.

**6. Emergency Contact**

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Please provide us with details of someone you know and whom we may contact in the likelihood of an emergency.

Full Name (including title):	Relationship (to you):
<input type="text"/>	<input type="text"/>

House/Flat/Apartment Number or Name:

Street Address:

Town:	County:
<input type="text"/>	<input type="text"/>

Country:	Post Code/ZIP Code:
<input type="text"/>	<input type="text"/>

Telephone (home):	Telephone (mobile/work):
<input type="text"/>	<input type="text"/>

**Qualifications**

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Please tell us of any academic or professional qualifications that you have achieved to date.

Academic Qualifications:

Professional Qualifications:

**7. Language Skills**

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Please list the languages you know and indicate the level of proficiency in each.

Languages:

**8. Previous Voluntary Experience**

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Have you ever volunteered for any empowerment camp/humanitarian relief project? If YES specify the location, year and duration of participation.

Camps/Projects:

**9. Community Service**

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We would like to know of any experiences you have in community service.

**Organisation A**

Organisation:	Start Date:	End Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position Held:	Hours Worked (per week):
<input type="text"/>	<input type="text"/>

Duties/Achievements:

Supervisor's Name:	Supervisor's Telephone:
<input type="text"/>	<input type="text"/>

**Organisation B**

Organisation:	Start Date:	End Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position Held:	Hours Worked (per week):
<input type="text"/>	<input type="text"/>

Duties/Achievements:

Supervisor's Name:	Supervisor's Telephone:
<input type="text"/>	<input type="text"/>

**10. How did you hear about FORCE D'ENTRAIDE ET DE DEVELOPPEMENT INTEGRE? (mark appropriate field with a ✕)**

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Search Engine:	Word of Mouth:	Banner/Flyer:	Other:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If other, please specify:

**Commitment Statement**

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In no more than 300 words, specify your reasons for wanting to volunteer with FORCE D'ENTRAIDE ET DE DEVELOPPEMENT INTEGRE

Reasons for Volunteering:



## 11. References

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Please provide contact details for two references who have known you for 2 or more years, who are not related to you and whom we may contact for a reference.

### Reference A

Full Name:  Profession:

Complete Address:

Telephone:  Fax:

E-mail:

### Reference B

Full Name:  Profession:

Complete Address:

Telephone:  Fax:

E-mail:

### Declaration

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I pledge to place service before self when volunteering with FORCE D'ENTRAIDE ET DE DEVELOPPEMENT INTEGRE projects. I shall uphold the mission statement of FORCE D'ENTRAIDE ET DE DEVELOPPEMENT INTEGRE to serve humanity without fear or favour regardless of race, creed, religion, gender or age. I shall not do any acts or omissions which will bring the good name and integrity of FORCE D'ENTRAIDE ET DE DEVELOPPEMENT INTEGRE into disrepute. I accept that a posted, faxed or scanned signed copy of this application form will be sufficient to constitute my application. I certify that all of the statements made in this application are true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date