Volunteer Application Form

A. PERSONAL DATA

1. GENERAL INFORMATION

First Name: ___________________________ Last Name: ___________________________

Date of Birth: ________________ Occupation: ________________________________

Citizenship: ___________________________ Passport No: _________________________

Address: ________________________________________________________________

City: ___________________________ Postal Code __________, Country: __________________

Phone Number; Home: ________________ Work: ________________ Fax: ________________

Mobile: ___________________________ Email: __________________________________

Religious Affiliation (optional) _______________________________________________

2. SPECIALIST

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

3. LIST OF QUALIFICATION (S) OBTAINED

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<tr>
<th>Qualifications</th>
<th>Year Obtained</th>
<th>Institution</th>
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B. VOLUNTEERING DETAIL

4. How did you learn about the Camillian Social Center Chiangrai?

__________________________________________________________

__________________________________________________________

5. Reason for volunteering?

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

6. Please reconfirm your area of interest and talent.

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

7. Please fill the period of your volunteer availability:

Start date: (dd/mm/yy) __________________________ End date: (dd/mm/yy) __________________________

8. Please provide two references that we contact (excluding relatives and roommates) who have known you for more than two years.

1. Name: ______________________________ Relation: ______________________________

Address: ________________________________________________________

City: ______________________________ Postal Code: ______________________________ Country: ______________________________

Phone Number: Home: ______________________________ Work: ______________________________ Fax: ______________________________

Mobile: ______________________________ Email: ______________________________
2. Name: __________________________ Relationship: __________________________

Address: ________________________________________________________________

City: _______________________ Postal Code: __________________________ Country: __________________________

Phone Number; Home: __________________________ Work: ______________________ Fax: __________________________

Mobile: __________________________ Email: ______________________________________

9. Have you ever been convicted, plead no contest or plead guilty to a felony or misdemeanor?

   Yes __________________ No __________________

Camillian Social Center Chiangrai reserves the right to request police clearance certificate.

Signature: ______________________________

Date: ______________________________

*** Please attach a 2.5 x 3 inch photo