

คามิลเลียน โซเชียล เซนเตอร์ เชียงราย  
 (ศูนย์สงเคราะห์เด็กชาวไทยภูเขา-เด็กพิเศษ)  
 101 ม.8 ต.ท่าสุด อ.เมือง จ.เชียงราย 57100  
 โทรศัพท์/ โทรสาร 053-787304  
[www.camillianchiangrai.org](http://www.camillianchiangrai.org)



**CAMILLIAN SOCIAL CENTER CHIANGRAI**  
 Home for disadvantaged hilltribe children-Home of Charity  
 101 M.8 T.Thasud Muang Chiangrai 57100  
 Tel/ Fax: 053-787304  
[www.camillianchiangrai.org](http://www.camillianchiangrai.org)

## 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**

Qualifications	Year Obtained	Institution

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## B. VOLUNTEERING DETAIL

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

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### 5. Reason for volunteering?

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### 6. Please reconfirm your area of interest and talent.

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### 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: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country \_\_\_\_\_

Phone Number; Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

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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**