Volunteer Application Form

Please fill in this form and return to info@billysmalawiproject.com

Personal Details

Full name	
Address	
Town	
County / State	
Country	
Postcode / Zip	
Phone	
Email	
Nationality	
Date of Birth	
Next of Kin	

Criminal History

Have you been convicted of a criminal offence in the last five years? Yes / No

Do you have any criminal proceedings pending? Yes / No

If you have answered yes, please give details

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Availability

How much notice does your current employer need?

What is the earliest date you would be available to go on placemen?

The majority of placements last six months,
are you prepared to commit yourself for that period? Yes / No

If not how long are you prepared to go for?

Relationships: Please tick as appropriate:

- ☐ Single
- ☐ In a relationship
- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Seperated

Education and Qualifications

From	
To	
Subjects grades and qualifications	
Name and location of institution	

Education and Qualifications Cont.

From	
To	
Subjects grades and qualifications	
Name and location of institution	

From	
To	
Subjects grades and qualifications	
Name and location of institution	

Education and Qualifications Cont.

From	
To	
Subjects grades and qualifications	
Name and location of institution	

From	
To	
Subjects grades and qualifications	
Name and location of institution	

Work Experience

From	
To	
Name and address of employer + type of business	
Job title + full description of main duties + responsibilities	

From	
To	
Name and address of employer + type of business	
Job title + full description of main duties + responsibilities	

Work Experience Cont.

From	
To	
Name and address of employer + type of business	
Job title + full description of main duties + responsibilities	

From	
To	
Name and address of employer + type of business	
Job title + full description of main duties + responsibilities	

Professional Reference

Full name

Address

Town

County / State

Postcode / Zip

Country

Phone

Email

How do they know you?

Personal Reference

Full name

Address

Town

County / State

Postcode / Zip

Country

Phone

Email

How do they know you?

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Health

Have you ever had a major illness, operation or accident? Yes / No

Give details and dates

Have you ever suffered from psychiatric or psychological problems including stress, anxiety and depression? Yes / No

Are you taking any form of medication including asthma medication? Yes / No

Give details and dates

Doctor's name	
Address	
Town	
County / State	
Postcode / Zip	
Country	
Phone	

Declaration

Date		Signature	

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