Volunteer Application

Kalak Vision & Actions
INSPIRE TO EMPOWER

Contact Information

Name	
Street Address	
Post Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

___ Weekday mornings ___
___ Weekday afternoons ___
___ Weekday evenings ___

Interests

Tell us in which areas you are interested in volunteering

___ Administration
___ Events planning and coordination
___ Kitchen
___ Fundraising
___ Sport coordination
___ Drama choreographer
___ Bible Teachers
___ children coordinator
------camp assistant

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City post Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of KVAA to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please email the filed form to info@kalakvisionandactions.org before May 2020