

INTERNAL USE ONLY

VID#

DD/MM/YY

Date Received:

Start Date:

Interview:

End Date

**KIDS.R.OK - VOLUNTEER APPLICATION**

* Required

First Name*	<input type="text"/>	Last Name*	<input type="text"/>	Date of birth	<input type="text"/>
				DD/MM/YY	
Address*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Unit/Appt	Street Address	City	Postal Code	Mail Opt-Out*
Phone*	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Home	Mobile	Work		
Primary Email*	<input type="text"/>	Secondary	<input type="text"/>	<input type="text"/>	
	Required		Optional	Newsletter Opt-Out*	
Occupation	<input type="text"/>	Company	<input type="text"/>	Marital Status	<input type="text"/>

EMERGENCY CONTACT(S)

Contact #1 *	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Phone	Relationship
Contact #2*	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Phone	Relationship

MEDICAL

Allergies*:

AREA(S) OF INTEREST

Select all that apply

Centre-based Opprotunities**Other Opprotunities**

Minimum commitment varies with position, please see website for more details.

Children	<input type="text"/>	Administration	<input type="text"/>	Teaching	<input type="text"/>	Fundraising	<input type="text"/>
Medical	<input type="text"/>	Construction	<input type="text"/>	Hosting Events	<input type="text"/>	Accounting	<input type="text"/>

PROJECT INTEREST

Orissa Children's Home	<input type="text"/>	Chennai Slum Project	<input type="text"/>
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**AVAILABILITY for
Tutoring Aid**

Subject to scheduling

PM 1700 - 1900 Chennai

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

VOLUNTEER RELATED INFORMATION

Do you have experience working with children? if YES, where?

Do you have previous volunteer experience? if YES, where?

Please list two professional references:

Reference #1 *
Name Phone Relationship

Reference #2*
Name Phone Relationship

To the best of my knowledge, the information I have provided on this application is accurate and up to date.

I understand that completing this application neither obliges me to volunteer nor guarantees me a volunteer position with kids.R.ok.

By signing this application, I agree to abide by all of the policies and procedures outlined to me by KIDS.R.OK.

Signature*

Date*

DD/MM/YY

Please note: Due to the amount of applicants there might be waiting period. Please be patient, as we review all applicants.

Along with this application, please attach an up-to-date resume.

Please send the completed Application to:

KIDS.R.OK
Strandgatan 2, Linköping
582 26, Sweden

Attention: Volunteer Programs

For all other Volunteer Inquires:

Allan Ashok - Volunteer Programs
Phone: +46 (0)765 808 517
Fax:
Email: info@kidsrok.org