



El Shaddai
Loving ~ Caring ~ Sharing

EL SHADDAI CHARITABLE TRUST

Loving~Caring~Sharing

Office: El Shaddai House, Socol Vaddo, Assagao, Bardez, Goa: 403507.

Tel: +91 832 6513286/87/ E-mail: infogoa@childrescue.net, www.childrescue.net Registration No. 0009/GOA/97

VOLUNTEER APPLICATION FORM

Title (e.g. Mr / Mrs / Ms / Miss):

First Names.....

Surname:

Date of Birth:...../...../19..... Nationality:.....

Qualifications:.....

Home Address:

.....

.....

Tel: Mobile: E-mail:

Next of Kin (NOK):..... NOK Address:

..... NOK Tel: NOK Mobile:

NOK Work Tel..... NOK E-mail:

Do you suffer from any of the following medical conditions? Please tick as appropriate(if YES please give details and continue on a separate sheet if necessary):-

Heart/blood pressure problems:

Blackouts/Fainting:

Mental Illness:

Sight/hearing problems:

Skin Infections:

Other (please specify):



**Recent
Colour
Photograph**

Please give details of Medical Conditions or Physical Disabilities, which may adversely affect you working in the climate and conditions found in India?

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Do you have any previous Voluntary Work experience, if so please give details?

.....

.....

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When are you available?

From:

To:

Why have you chosen El Shaddai?.....

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Which El Shaddai project would you like to work at? (There is no guarantee that there will be a position available there)

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Have you any special skills or interests which you could offer?

.....

Special Requirements ?

.....

Dietary requirements?

.....

Employer's Name & Address:

.....

.....

Tel:.....E-Mail:.....

Start Date:.....

Leaving Date:.....

Please provide names and addresses of three people who are prepared to give you a personal Reference (from your Church, College, Workplace or similar reputable persons, not relatives)

Referee1:

Tel:..... Email:.....

Referee2:

Tel:..... Email:.....

Referee3:

Tel:..... Email:.....

DISCLAIMER

I agree to abide by all rules and regulations laid down by El Shaddai Goa; I accept the Charity will not be responsible or liable in any way for any personal accident or injury, loss of or damage to my personal effects. I confirm that I will take out relevant and adequate insurance cover for the duration of my stay and any other time spent working with the Charity either in the UK or Abroad.

I am happy to allow El Shaddai to use any photographs or any other material I may produce during my stay for any purpose, without breach of my personal copyright.

Signed:..... Date:.....

N.B. We would like to keep your details on file for future reference, if you have any objection to your information being passed on to El Shaddai Goa or kept on file please indicate with a cross here