



# EL SHADDAI CHARITABLE TRUST

<b>VOLUNTEER APPLICATION FORM</b> (EL SHADDAI CHARITABLE TRUST)	<b>Doc. No. :</b>	<b>F - VOL - 02</b>
	<b>Rev. No. :</b>	<b>01</b>
	<b>Rev. Date :</b>	<b>23/10/2018</b>

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

First Names:.....

Surname: .....

Date of Birth: ..... Nationality:.....

Qualifications:.....

Home Address:

.....

.....

.....

Tel: ..... Mobile:.....

E-mail: .....

Next of Kin: .....

Address:.....

.....

.....

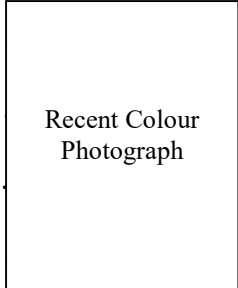
Tel: ..... Mobile: .....

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.....





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Blackouts/Fainting.....

Mental Illness.....

Sight/hearing problems.....

Skin Infections.....

Other (specify): .....

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

.....

.....

.....

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

.....

.....

.....

Start Date:..... Leaving Date: .....

**Why have you chosen El Shaddai?**

.....

.....

.....



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## VOLUNTEER APPLICATION FORM (EL SHADDAI CHARITABLE TRUST)

*Doc. No. :* F - VOL - 02

*Rev. No. :* 01

*Rev. Date :* 23/10/2018

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

.....  
.....

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

.....

Special Requirements?

.....

Dietary requirements?

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

**Referee 1:** .....

.....

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

**Referee 2:** .....

.....

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

**Referee 3:** .....

.....

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

**DISCLAIMER FORM**  
(EL SHADDAI CHARITABLE TRUST)

*Doc. No. : PR - 59*

*Rev. No. : 00*

*Rev. Date : 15/02/2019*

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Name.....

I agree by all rules and regulations laid down by El Shaddai Goa

I accept that the charity will not be responsible or liable in any way for any personal accident or injury, loss or damage to my personal effects

I confirm that I have relevant and adequate insurance cover for the duration of my stay and any other time spent working with the charity either in India or abroad.

I have read the child protection policy and agree to comply with it.

I understand that should I choose to hire a scooter; it is entirely at my own risk.

I understand that I am advised to return to the volunteer house when I have finished my day's work and that it is inadvisable to go out at night on my own

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.....

NB. We would like to keep your details on file for future reference; if you have any objection to your details being kept on file, please indicate with a cross here.....