

VOLUNTEER APPLICATION FORM (EL SHADDAI CHARITABLE TRUST) Doc. No. : Date :

Title (e.g. Mr / Mrs / Ms / Miss):		
First Names:	Recent Colour	
Surname:	Photograph	
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		



VOLUNTEER APPLICATION FORM	Doc. No.:		
(EL SHADDAI CHARITABLE TRUST)	D (
(======================================	Date:		
Blackouts/Fainting		• • • • • • • • • • • • • • • • • • • •	
Mental Health Issues			
Wichtai Treath 155acs.			
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 mayious Voluntamy Work symanismas? If so mlasse sive detail			
Do you have any previous Voluntary Work experience? If so, please give details:			
	•••••		
Start Date: Leaving Date:			
Why have you chosen El Shaddai?			



VOLUMEED ADDITION FORM	Doc. No.:	Doc. No. :
VOLUNTEER APPLICATION FORM (EL SHADDAI CHARITABLE TRUST)		
	Date :	
Which El Chaddei project would you like to work at? (There is no guera		



DISCLAIMER FORM

(EL SHADDAI CHARITABLE TRUST)

Doc. No. : PR - 59

Name
I agree by all rules and regulations laid down by El Shaddai Charitable Trust.
I accept that the charity will not be responsible or liable in any way for any personal accident or injury, lossor damage to my personal effects
I confirm that I have relevant and adequate insurance cover for the duration of my stay and any other timespent 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 or any other vehicle, 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 stayfor 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 yourdetails being kept on file, please indicate with a cross here