

VOLUNTEER'S APPLICATION FORM	Doc. No	01a	
(EL SHADDAI CHARITABLE TRUST)			
(LL SHADDAI CHAMHADLE INUSI)	Date:	07/01/2025	
Title (e.g. Mr / Mrs / Ms / Miss)		Recent	
Title (e.g. 1411 / 14115 / 1415 / 141155)		Colour	
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Surname:			
Date of Birth: Nationality:			
Qualifications:		• • • • • • • • • • • • • • • • • • • •	
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Home Address:			
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Tel: Mobile:			
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E-mail:			
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Tel:			
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			

Doc. No.: 01a



# VOLUNTEER'S APPLICATION FORM (EL SHADDAI CHARITABLE TRUST) Doc. No.: 01 Date: 04/01/2025

Blackouts/Fainting:
Mental Health Issues:
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?



## VOLUNTEER'S APPLICATION FORM (EL SHADDAI CHARITABLE TRUST) Doc. No.: 01 Date: 04/01/2025

Which El Shaddai project would you like to work at? (There is no guarantee that there will be a		
position available there)		
position available there)		
Have you any special skills or interests	s which you could offer?	
G 11D 1		
<b>Special Requirements?</b>		
Dietary requirements?		
Dietary requirements.		
Please provide names and addresses	of three people who are prepared to give you a personal	
•		
Reference (from your Church, Colleg	ge, Work place or similar reputable persons, not relatives)	
<b>Referee 1:</b>		
T. 1	T	
Tel:	Email:	
Defense 2.		
Referee 2:		
Tel:	Email:	
Referee 3:		
Tel:	Email:	



#### **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, 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 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 stay for any purpose, without breach of my personal copyright.
Signed:
Date:
<b>NB.</b> 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