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| BABSEACLE  2017 Volunteer Application Form | |
| Name: | |
| Address: | |
|  | |
| Email: | Phone No: |
| Date of Birth: | Passport No: |
| Emergency Contact Person: | Relationship:  Contact Details (inc. phone number): |
|  | |
| Name(s) of School or University attended: | |
| Area(s) of major study: | |
| Other courses or certificates: | |
| Do you have any additional skills? | |
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| What are your interests and hobbies? | |
| Do you speak any other languages? If so, to what level? | |
| Do you have any specific dietary requirements? | |
| Specific health concerns (if any): | |
| Have you been convicted of any felonies?  No  If yes, please provide full details: | |
| Other important information we should know: | |
|  | |
| Have you ever volunteered before? | |
| Please describe any projects you have been involved in and your personal role in each, including any responsibilities taken on: | |
| Brief evaluation on your time spent volunteering: | |
|  | |
| What date would you like to start your volunteer placement with BABSEACLE? | |
| How long would you like to volunteer (a minimum of three months for most placements)? | |
| Please describe why you would like to volunteer with BABSEACLE: | |
| Please tell us which BABSEACLE programs you are interested in and how you think you can contribute:  *---------------------------------------------------------------------------------------------------*  *Please complete this form and then email your application along with your CV, a Cover Letter, and a scanned color copy of your passport.*  *Thank you for your interest in our program.*  *Email applications to:* [*linfo@babseacle.org*](mailto:linfo@babseacle.org) | |