



VOLUNTEER APPLICATION FORM

NAME: _____ **D.O.B.** _____ (MM/DD/YEAR)

ADDRESS: _____

(H) _____ (W) _____ (C) _____

(E) _____

PREFERRED CONTACT METHOD: (H) (W) (C) (E)

WHAT IS YOUR AVAILABILITY TO VOLUNTEER?	SUN	MON	TUE	WED	THU	FRI	SAT
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MID-DAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVENING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DO YOU HAVE A PREFERENCE FOR WORKING WITH A CERTAIN AGE RANGE?

12-13 YEARS 14-16 YEARS 16-20 YEARS 20-25 YEARS ADULTS

ARE YOU FIRST-AID / CPR CERTIFIED? YES NO OTHER: _____

WHY DO YOU WANT TO VOLUNTEER WITH THE AWARD? _____

HOW WOULD YOU BEST DESCRIBE YOURSELF? _____

PLEASE PROVIDE THE FOLLOWING INFORMATION SO WE MAY MAKE A BEST MATCH FOR YOUR VOLUNTEERISM WITH THE AWARD:

LIST YOUR PROFESSIONAL SKILLS: _____

LIST YOUR PERSONAL INTERESTS: _____

LIST YOUR HOBBIES: _____

LIST YOUR INVOLVEMENT & POSITIONS HELD WITH ANY OTHER ORGANIZATIONS / COMMUNITY CLUBS / SPORTING CLUBS:

I AM MOST INTERESTED IN VOLUNTEERING WITH DOFE IN THE CAPACITY OF:

AWARD LEADER

NATIONAL ASSESSOR

OFFICE ADMINISTRATION

EVENT COORDINATION

COUNCIL MEMBER

FUNDRAISING & DONOR RELATIONS

COMMITTEE MEMBER:

STANDARDS & TRAINING

PR & COMMUNICATIONS

ALUMNI & FRIENDS

WAIVER & CONSENT:

I GIVE PERMISSION FOR THE DUKE OF EDINBURGH'S INTERNATIONAL AWARD BERMUDA (DOFE) TO USE PHOTOS OF ME IN DOFE PUBLICATIONS & MARKETING MATERIALS TO HELP PROMOTE THE AWARD.

YES

NO

I HAVE PROVIDED DOFE WITH A COPY OF MY VALID DRIVER'S LICENSE OR PASSPORT.

YES

NO

I HAVE BEEN PROVIDED WITH THE DOFE VOLUNTEER CODE OF CONDUCT POLICY, WHICH I HAVE READ, UNDERSTAND & HAVE SUBMITTED A SIGNED COPY TO DOFE.

YES

NO

(SIGNATURE)

(DATE)