 **Volunteer Application Form**

Please complete and return to:

**Damithe Dasanayake**

damithe@farolanka.org

Tel: +94 727 070775

**Mangala Karunaratne**

mangkaru@gmail.com

Tel: +94 114 502001

**Volunteer Contact Details:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Male/Female (Please circle)**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Tel No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mobile No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List Any Previous or Current Volunteer Experience:**

Organisation Position/Major Responsibility Dates of service (yy/mm)

 From: To:

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4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List Your Employment/Training Background:**

Employer Position/Major Responsibility Dates of service (yy/mm)

 From: To:

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**What attracts you to volunteering at FARO?**

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What are your hobbies and interests?

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**Describe your relevant Volunteer/ Work experience:**

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**List the skills/qualities that you will bring to the roles you are interested in:**

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**AVAILABILITY**

FARO volunteer placement will be flexible to fit your lifestyle and availability.

**Please outline how much time you can commit to volunteering at FARO:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please provide details of at least one referee who may be contacted if necessary**

|  |  |  |
| --- | --- | --- |
| **Reference 1** |  | **Reference 2** |
| Name: |  |  | Name: |  |
| Occupation: |  |  | Occupation: |  |
| Address: |  |  | Address: |  |
| Postcode: |  |  | Postcode: |  |
| Phone No: |  |  | Phone No: |  |
| Email: |  |  | Email: |  |

**Support Needs**

|  |  |
| --- | --- |
| Do you consider yourself to have a disability or support needs which is relevant to your application? | Yes [ ]  No [ ]  |
| If yes, is there anything we need to know about your disability or support needs in order to ensure you have equality of opportunity?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Please, be aware that when successful, you will be responsible for your upkeep in Sri Lanka throughout your stay with us although there are always willing families to host you in their basic ways.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |