



VOLUNTEER APPLICATION FORM

BASIC PERSONAL INFORMATION

Name and surname :	
Date, place of birth:	
Address, place of residence:	
Mobile phone number :	
E-mail address:	
Field and level of education:	
Currently employed (yes/no)	

AVAILABILITY

How many hours a week are you willing to volunteer?

- 5 5 - 10 10 -15 More than 15

ENGAGEMENT

Indicate the number of hours of volunteering per day

Monday: _____ **Thursday:** _____
Tuesday: _____ **Friday:** _____
Wednesday: _____

I AM WILLING TO VOLUNTEER IN THE FOLLOWING PERIOD

Indicate in what period of time you are willing and able to volunteer

Fixed-term:

I am willing and able to volunteer in period: From _____ (date) To _____ (date)

Regularly:

I am available as of (date): _____

SKILLS AND COMPETENCES:

Shortly describe your skillsa and competences

Adventistički razvojni i humanitarni rad – ADRA

Radoslava +381 11 344 2625

Grujića 4 office@adra.org.rs

11000 BEOGRAD adra.org.rs

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PIB: 111260417



PRIOR OR CURRENT VOLUNTEERING EXPERIENCE:

Shortly describe your prior volunteering experiences / period (from/to), organization, position and responsibilities

INTERESTS:

Shortly describe your interests

Working with kids	<input type="checkbox"/>	Translation	<input type="checkbox"/>	Music workshops	<input type="checkbox"/>
Creative workshops	<input type="checkbox"/>	Gender Based Violence	<input type="checkbox"/>	Working with women	<input type="checkbox"/>
Sports	<input type="checkbox"/>	Logistics	<input type="checkbox"/>	Unaccompanied minors	<input type="checkbox"/>
Administration	<input type="checkbox"/>	Research	<input type="checkbox"/>	Psychological supervision	<input type="checkbox"/>
Events	<input type="checkbox"/>	Promotional activities / Marketing	<input type="checkbox"/>	Legal advising	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	WEB Design	<input type="checkbox"/>	Languages (Specify)	<input type="checkbox"/>
Intercultural empowering	<input type="checkbox"/>	Education	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Other:	<input type="checkbox"/>				<input type="checkbox"/>

Please check the cell beside the field of your interests. You can check more than one.

MOTIVATION:

Why would you like to become a volunteer?

Shortly describe the reasons that have inspired you to become a volunteer in ADRA Community Centre

LANGUAGES:

<input type="checkbox"/> English	Excellent	Good	Basic
<input type="checkbox"/> Arabic	Excellent	Good	Basic
<input type="checkbox"/> Farsi	Excellent	Good	Basic
<input type="checkbox"/> Other (Specify)		Excellent	Good Basic

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STATEMENT AND SIGNATURE

With my signature I confirm that all personal data and all the information above are accurate. I understand that if I am to be engaged as a volunteer in ADRA Community Centre, any inaccurate information and data or concealing the same will result with dismissal from the place of the volunteer.

I understand and I confirm that I will keep all ADRA Community Centre official information in secret and will not share it with other organizations or individuals (including printed materials, electronic, media or any other form) that I am to receive during the time of my volunteering, except in cases when I am asked or authorised to do such thing.

I state that I will also keep in secret all personal information of the beneficiaries or participants of the ADRA Community centre and will not share it with the third party.

Printed name and surname of the volunteer

Signature

Date/place

Thank you for completing the Volunteer application form and for the interest in volunteering in ADRA Community Centre

Please send completed and signed form on the following e-mail address: office@adra.org.rs

*We advise that you keep one copy of the completed form for yourself

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