

# HUMAN DEVELOPMENT FOUNDATION VOLUNTEER INFORMATION

Thank you for your interest in our volunteer program. Please complete the following form.  
We will use this information for our internal reference only.

First name (Mr./Mrs./Ms): .....	Family name .....	
Date/Place of Birth .....	Nationality .....	
Passport number .....	Issued by .....	Valid until .....
Permanent address .....		
.....		
Country .....	Postal Code .....	.....
Telephone:.....		
Fax:.....	E-mail .....	

**In case of emergency, who is your contact person ?**  
**IN YOUR COUNTRY**

First name .....	Family name .....
Occupation .....	Relationship .....
Address .....	
.....	
Telephone .....	Mobile phone .....
Fax .....	E-mail .....

**IN THAILAND**

First name .....	Family name .....
Occupation .....	Relationship .....
Address .....	
.....	
Telephone .....	Mobile phone .....
Fax .....	E-mail .....

/...

**Qualification**

Education background

University ..... Years: .....

High school ..... Years: .....

Degrees earned:

.....  
.....

Other .....

.....

Your volunteer work experience

..... Years: .....

..... Years: .....

SKILLS

Please check ✓ where applicable

Language proficiency

English

Spoken

Written

Other

Spoken

Written

Computer Skills  Word processor

Spreadsheet

Graphic

Other application program (please

list).....

.....

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.....

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Computer Maintenance .....

Photography (Please specify)

.....

Musical talents (Please specify) .....

**Sports & Games**

Football / Soccer

Basketball

Table tennis                       Chess                     

Other.....

/...

**Your health**

Have you been hospitalized during the past 12 months?  
 No       Yes. Please explain .....

If Yes, do you expect any medical treatment or hospital visit in the next six months or while at HDF?  
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Are you currently taking any medication?       No       Yes  
If yes, can you bring the medication along with you while working with HDF?  
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Are you allergic to any medicine? Please list  
.....  
.....  
.....

Dietary requirements       Vegetarian.....  Other

**YOUR PLAN**

Please indicate the date you wish to be a volunteer.

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Do you have medical insurance coverage during your stay in Thailand?

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Do you plan to work for other NGO organization during your stay in Thailand?

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**Areas for which you are applying for volunteer work.**  
**Please check at least 2 tasks in category I. Category II is optional.**  
**If you prefer to choose only one task in category I, please check another task in category II.**

Please indicate your areas of interest for volunteer work.

**CATEGORY I**

Regular working hours - 08.30 a.m. – 17.00 p.m.

- |  |  |
|--|--|
| <input type="checkbox"/> Teaching in Kindergarten            | <input type="checkbox"/> SKIP school (Renovation, painting etc.) |
| <input type="checkbox"/> HIV/AIDS Hospice (Grade/Level.....) | <input type="checkbox"/> Language teaching                       |
| <input type="checkbox"/> Children's art ( age.....)          | <input type="checkbox"/> Children's activities ( age.....)       |
| <input type="checkbox"/> Office work (Please specify .....   | <input type="checkbox"/>   |
| Translation work   |  |
| <input type="checkbox"/> Computer/LAN maintenance            | <input type="checkbox"/> Fundraising activities                  |

**CATEGORY II**

Normal working hours – 17.00 to 18.00 p.m. on weekdays.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Evening class     | <input type="checkbox"/> Arts          | <input type="checkbox"/> Story reading, Drama |
| <input type="checkbox"/> Music and singing | <input type="checkbox"/> Yoga          | <input type="checkbox"/> Acrobatic / gym      |
| <input type="checkbox"/> Martial arts      | <input type="checkbox"/> Sports clinic |   |

**What do you wish to achieve as a volunteer? What are your expectations ?**

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In providing this information, I understand that selection of volunteer is solely the decision of HDF.

Signature.....

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Date.....