



ADDU WOMEN'S ASSOCIATION
 Address: MA. Dheyliyaage; Male' Republic Of Maldives
 Tel: +960 9953443 Email: info@awaaddu.org

APPLICATION FORM FOR VOLUNTEERS

Contact Information			
Name:			
		Sex:	M F
Nationality:			
Passport/ID Card Number (Copy of the ID card to be submitted with the Form)			
Address:			
Home Phone:	Work Phone:	E: Mail Address:	
Educational Background:			
Special Skills and Experiences:			
Previous Work Experience:			
Where and What did you do?			
At present I am:			
Employed	Where?		
Part time employed	Where?		
Student			
Unemployed			
Previous Volunteer Experience			
Have you worked as a volunteer before?			
If so, what did you do?			
I am Available:			
On a regular Basis			
On Special Occasions/campaigns			
Or			
Sunday	From.....to	Monday	From.....to.....
Tuesday	From.....to.....	Wednesday	From.....to.....
Thursday	From.....to.....	Friday	From.....to.....
Saturday	From.....to.....		

Our Policy

It is the policy of AWA to avoid discrimination based on gender, race, religion or disability if the person is physically capable to do the assigned task

Thank you for your interest in volunteering to work with us.

Person to Notify in Case of Emergency

Name and Contact Details

Agreement and Signature

By submitting this application, I confirm that the information submitted here are true and complete.

Signature:

Date:

For volunteers under 18 years:

Parent/Guardian: Name and ID:

Signature

Date: