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Buena Vista, VA
24416

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Volunteer Expedition Application

Contact Information

Legal Name (as on passport):

Permanent Address:

City/State/Zip Code:

Phone Number: Home: Work:

Mailing Address (If different):

City/State/Zip Code:

Phone Number: Home: Work:

Email Contact:

Personal Information

(for office use only)

Date of Birth (dd/mm/yyyy): Citizenship:

Passport Number:

Passport Date of Issue: Expiry:

Closest International Airport:

Last Examined by Physician:

Education

(list institutions attended)

Institution Name:	Major:	Date:	Degree:
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Fluent Languages:

Knowledge of Languages:

**Employment Record
(for last 5 years)**

Employer:	Year:	Supervisor:	Reason for Termination:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Skill:	Experience Level:

Previous Volunteer Experience

Summarize your previous volunteer experience.

Organization and Location:	Dates:

Emergency Contact Information

Name:	<input type="text"/>	
Address:	<input type="text"/>	
City/State/Zip Code:	<input type="text"/>	
Phone Number:	Home: <input type="text"/>	Work: <input type="text"/>
Email Contact:	<input type="text"/>	
	<input type="text"/>	

Specify Preferred Expedition Group

Expedition group date(s) preferred: (eg: Oct 2015)

Personal References

(please provide 3 you have known for longer than 1 year)

Full Name:	Residence:	Contact Information:	Relationship to you:

How did you hear about Kids Hope Ethiopia?

Obtain Criminal Record Check

We can provide you with a letter confirming you are applying as a volunteer. This may help reduce or waive fees associated with criminal clearance processes. Please alert us if you wish to have such a letter.

Letter of Support

Please write a letter explaining why you would like to be a volunteer in an expedition with Kids Hope Ethiopia.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I further give permission for the information on this application to be used by Kids Hope Ethiopia as necessary to process the application.

Name (printed):	Date:	Signature

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.