

**JAMAICA COUNCIL FOR PERSONS WITH
DISABILITIES
VOLUNTEERISM APPLICATION FORM**

APPLICANT INFORMATION
<p>NAME: _____</p> <p style="text-align: center;">LAST FIRST</p>
<p>ADDRESS: _____</p>
<p>TELEPHONE: _____</p>
<p>EMAIL: _____</p>
<p>TRN _____ NIS _____</p>
<p>GENDER: FEMALE <input type="checkbox"/> MALE <input type="checkbox"/></p>
<p>AGE GROUP: Under 18 <input type="checkbox"/> 19-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 26-45 <input type="checkbox"/> 45-55 <input type="checkbox"/> Over 55 <input type="checkbox"/></p>
<p>TODAY'S DATE: _____</p>

SECTION B
<p>PLEASE INDICATE THE AREA YOU WISH TO VOLUNTEER WITH OUR ORGANIZATION</p> <p>Communications <input type="checkbox"/> Data Entry <input type="checkbox"/> Field Assistant <input type="checkbox"/></p>
<p>Please share with us what you hope to gain from your experience with us?</p>
<p>Please tell us about your educational background, work or volunteering experience that would be relevant to the area you are applying for?</p>
<p>What are your hobbies, skills, special interest or qualities you have that may be relevant to the volunteer role you are applying for?</p>
<p>When are you available to volunteer? (Please specify days times and length of commitment you would like to make)</p>
<p>Do you have any special needs you would like to share with us?</p>

REFERENCES: Please supply us with the names of two references (non-relatives)	
Name:	Name:
Address:	Address:
Position:	Position:
Email:	Email:
Telephone:	Telephone:
Paragraph of Recommendation	Paragraph of Recommendation