

APPLICATION FORM 【Form-A】

| | | | |
|--|---|---------------|-----|
| Personal Information | | Picture | |
| Name | Family name | | |
| | Middle name | | |
| | First name | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | | |
| Date of birth | Day/ Month/Year | | Age |
| Home Address | | | |
| TEL | | Email address | |
| Education | Circle the highest level of education completed: | | |
| | <input type="checkbox"/> High School <input type="checkbox"/> Vocational school <input type="checkbox"/> College <input type="checkbox"/> Graduate School | | |
| | Specialization/Course | | |
| Current employment /school | | | |
| Medical Condition/s: (Chronic illness, allergies, etc.) | | | |

Skills/Interests (Please list any skills, knowledge of other languages, interests, qualifications which you feel are relevant.)

| |
|---|
| Reason for Volunteering |
| <input type="checkbox"/> Gain work/study-related experience abroad <input type="checkbox"/> Desire to help others <input type="checkbox"/> Interest in community involvement <input type="checkbox"/> School/Job requirement <input type="checkbox"/> Search life by serving people <input type="checkbox"/> Interest in religious life <input type="checkbox"/> Other (_____) |

| Previous experiences of volunteer work | | | |
|--|-------------------|----------------------------------|-------------------|
| Organization/school | Period of Service | Type of Voluntary Work Performed | Name of Reference |
| | | | |
| | | | |
| | | | |

| Emergency Contact 1 | | Relationship | |
|---------------------|--|-----------------|--|
| Name | | TEL(Cell Phone) | |
| Relationship | | Email Address | |
| Emergency Contact 1 | | Relationship | |
| Name | | TEL(Cell Phone) | |
| Relationship | | Email Address | |

Date _____ Name and Signature of applicant _____