



VOLUNTEER APPLICATION FORM



INSTRUCTION:

Fill up the necessary information in the boxes below. Write legibly and accurately. After completing the form, submit this paper to the supervising volunteer.

I. PERSONAL INFORMATION

LAST NAME:		FIRST NAME:		M.I.:	
STREET ADDRESS:					
CITY/TOWN:		PROVINCE:			
ZIP CODE:		MOBILE NO.:			
EMAIL ADDRESS:		PHONE NO.:			
BIRTHDAY:		SEX:			
MOTHER & FATHER NAME:		CONTACT NO:			

II. EMPLOYMENT AND EDUCATIONAL BACKGROUND

ELEMENTARY SCHOOL:			
HIGH SCHOOL:			
COLLEGE / VOCATIONAL:			
POSTGRADUATE:			
OCCUPATION:		NO. OF YEARS:	
COMPANY:			

III. VOLUNTEER INFORMATION

POSITION APPLIED FOR:	
DEPARTMENT:	
REFERRED BY:	
DAYS AVAILABLE:	
TIME AVAILABLE:	

IV. EMERGENCY CONTACT INFORMATION

PERSON TO CONTACT:	
ADDRESS:	
CONTACT NO/S.:	

V. PRE - ASSESSMENT QUESTIONS:

- a. What made you decide to join COSC Barasoain?

- b. What key qualities do you have that you think will be helpful in the growth of the organization? Please elaborate.

- c. Are you amenable to sudden schedule changes in the event that another member is not able to perform his/her duties or in instance of special occasions (Holy Week, Christmas, etc.) that extra manpower is needed?

CONFORME

I hereby swear that the information that I have written here are correct and accurate. Any misinformation or misrepresentation may result in the denial of application as a volunteer in the organization.

Signature above printed name

Date

ATTY. EDEN C. BAUTISTA

Head, Commission on Social Communications – Barasoain Church