



## EL-AGED CARE LTD/GTE

Enhancing quality of life, attaining potential, fulfilling destiny

### **VOLUNTEER APPLICATION FORM**

*All information on this Volunteer Application Form whether submitted online or in paper directly to El-Aged Care Ltd will be treated with utmost confidentiality will be subjected to the laws of information Privacy Policies and Terms of Use in Nigeria. Information about information Security, Privacy Policies and Terms of Use in Nigeria can be found on the El-Aged Care website at [www.el-agedcare.org](http://www.el-agedcare.org)*

Date: \_\_\_\_\_  Mr.  Miss  Ms  Mrs.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ LGA: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: Business: \_\_\_\_\_ Cell: \_\_\_\_\_

I prefer to receive calls at: Best Time to Call: \_\_\_\_\_

Are you between 14 –17 years of age  Yes  No

Are you over 18 years of age?  Yes  No

**Education:** Formal education **may not** be required to be a volunteer. We welcome experience of all kinds.

Are you currently a student?  Yes  No

**If you are currently a student, please complete this section:**

Name of School: \_\_\_\_\_ Grade Level/Year of \_\_\_\_\_

Study: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Are you receiving credit for your volunteer work?  Yes  No

Required number of hours \_\_\_\_\_ By When? \_\_\_\_\_

If yes, what school or organization do you require the hours for?

\_\_\_\_\_

### **Employment History**

Currently I am:  Employed  Unemployed  Retired  Other  Student

Company Name/Employer	Your Job Title	From (M/Y)	To (M/Y)	Reason for Leaving

### **Volunteer Work**

*Please list organizations that you currently are volunteering for or have volunteered for in the past*

Organization	Your Duties	From (M/Y)	To (M/Y)	Reason For Leaving

Have you ever applied to volunteer with this organization before?  No  Yes

When? \_\_\_\_\_

*Is there a specific volunteer role/responsibility that you are interested in? If yes, please describe:*

---

---

***Check your reason(s) for volunteering:***

- Academic Credit / Industrial Training
- Learn new skills
- Help others
- Contribute to improve health care
- Social interaction
- Profession requirement
- Stay active & involved
- Other (specify)\_\_\_\_\_

***Check how you found out about our volunteer program***

- Community centre / group
- Local Government Area office
- School
- Employee of El-Aged Care
- Previously a volunteer
- Volunteer Centre of El-Aged Care
- Website
- Parent / Friend
- Radio/TV / Newspaper / Poster/ Internet
- Other (specify)\_\_\_\_\_

***Availability Please check what time you are available to volunteer at the Adult Day Centre.***

	Monday	Tuesday	Wednesday	Thursday	Friday
9 am – 12:30pm					
12:30pm – 3:30pm					

**Availability** Please check what time you are available to volunteer at the Shelter.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9 am – 12:30pm							
12:30pm – 3:30pm							
3:30pm – 6:30pm							

Are you interested in volunteering for special tasks or events?  Yes  No

Are there times of the year you are not available to volunteer?  Yes  No

Please specify if 'yes' \_\_\_\_\_

Are there issues (e.g. back pain, allergies) that need consideration when determining your placement?

Yes  No

Please specify if 'yes' \_\_\_\_\_

**Emergency Contact:** Please provide information on who to contact in case of an emergency

Name: \_\_\_\_\_ Phone : Work \_\_\_\_\_  
Mobile \_\_\_\_\_

**References**

Please be aware that you will be required to provide three references if found suitable for an interview as a potential volunteer. Close relatives are not accepted as references.

**Please return completed form with a signed cover letter and consent form to:**

El-Aged Care Volunteer Services

Umuduruchukwu Quarters, Umuneke-Ugiri, Isiala-Mbano LGA, Imo State, Nigeria

Phone: +234 (0) 9090405801

Email: [volunteers@el-agedcare.org](mailto:volunteers@el-agedcare.org)