**Volunteer application form**

**Your details**

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| --- | --- | --- | --- |
| Title: |  | Date of birth: |  |
| Full name: |  |
| Address: |  |
| Phone number: |  |
| Email address: |  |

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| --- | --- |
| How long are you planning to volunteer at HS?  |  |

**Emergency contact details (we will only contact them if necessary)**

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| --- | --- |
| Title: |  |
| Full name: |  |
| Address: |  |
| Mobile phone number: |  |
| Alternative phone number: |  |
| Email address: |  |
| Their relationship to you: |  |

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| What is your current occupation and what other relevant professional experience do you have?  |
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| Please list any qualifications you hold: |
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| Please describe your interests outside of work:  |
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| What knowledge and understanding do you have of the situation in Holy Land?  |
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| Have you any previous experience of living or working in the Holy Land or other countries?  |
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| Why would you like to volunteer with Hope School? |
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| What do you expect from Hope school? What kind of commitment are you demanding? |
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| How do you plan to fund your living expenses during the placement at Hope school? |
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| Do you have a medical condition that has required professional treatment or consultation in the last 12 months?  |
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| What kind of work would you like to do at Hope school? |
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| --- | --- | --- |
|  | Professional reference | Character reference |
| Name and email address |  |  |
| Position / relationship to you |  |  |

|  |  |  |
| --- | --- | --- |
| *Hope school use only***Ref:** | **Code:** |  |

Please email your completed application to info@hopeschoolpal.com