



Guiding Light Orphans, Inc. (GLO) Volunteer Application

Application Date: _____

Volunteer Position Sought: _____

Name: _____

Home Address: _____

Work Phone: _____ Home Phone: _____

E-mail Address: _____

EDUCATION

Highest Level of Education: _____

EMPLOYMENT

Current Employer, If Applicable: _____

Position/Title: _____

Dates of Employment (Starting; Ending) _____

Company/Employer: _____

Address: _____

Would you like us to keep your employer abreast of your volunteer service and achievement?

No Yes

SKILLS & EXPERIENCE

Please list any skills, training and hobbies or interests that may help us best utilize your talents

Technical Writing	
Grant Writing	
Fundraising	
Web Development	
Graphic Design	
Photography/ Videography	

Project Planning, Development, and Management	
Legal	
Financial	

List any groups, clubs, organizational membership's:

Please describe your prior volunteer experience (include organization names and dates of service):

What experiences have you had that may prepare you to work as a volunteer in the field of:

Communications	
Development	
Outreach	
Volunteer Coordination	

How did you hear about GLO?

Why do you want to volunteer? [Or, what do you want to gain from this volunteer experience?]

1. Increase my skills_____
2. Meet new people_____
3. Social events_____
4. Interest in the work the organization is doing_____
5. Association with people I admire_____

6. A sense of giving back, of contributing to a good cause _____

7. Other _____

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

Do you have a driver's license? No Yes

Do you have car insurance? No Yes

Do you have a car available for transporting others? No Yes

Are you interested in volunteering in Uganda? No Yes If yes, when? _____

I am available to help at the following days and times

DAY	MORNINGS	EVENINGS
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Would you prefer to help occasionally? _____

REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to You	Length of Relationship	Phone Number

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Guiding Light Orphans, Inc. (GLO) that is true, correct, and complete, to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability, and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Guiding Light Orphans, Inc. (GLO). I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Guiding Light Orphans, Inc. (GLO) or my termination as a volunteer.

Signature _____ Date _____