

SHCC VOLUNTEER APPLICATION FORM

CONTACT INFORMATION

Name:

Age:

Date of Birth:

Nationality:

Passport Number: Visa Number:

Insurance Details:

Email Address:

Mobile Number:

EMERGENCY CONTACT:

Name:

Relationship:

Email:

Telephone:

SIEM REAP CONTACT DETAILS:

Guesthouse/Hotel Name:

Address:

Telephone:

GENERAL INFORMATION:

Please list any medical conditions you think we should be aware of, including medications

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Please list any special dietary requirements you may have

WORK & VOLUNTEER EXPERIENCE:

Current & Previous Work Experience:
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Qualifications Gained:
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Other Certifications (such as First Aid or CPR with dates of certification and expiration dates):
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Languages Spoken:

Previous Volunteer Experience:
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Statement and description of any prior criminal convictions or offenses:
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Any other information that you deem important for us to know or that may affect your ability to volunteer at SHCC:
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SHCC VOLUNTEERING INFORMATION:

Type of Volunteer work you would like to do at SHCC:

- English Teaching Kindergarten Teaching Arts & Crafts
- Sports Education Social Work Organic Farming / Environment
- Maintenance Administrative Work

What would you like to achieve in your time at the school?
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Arrival date and time in Siem Reap:

Flight Number:

Departure date and time:

Dates available to work:

Hours and days available to work:

(Classes operate: Mon – Fri from 7.00am – 11.00am, 1.00pm – 5.00pm, 5.00pm – 7.00pm)

Do you require village home stay accommodation at anytime during your time volunteering at SHCC?

Yes No

If so, please tell us how long you would like to stay in the village for?

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How did you hear about SHCC?

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Disclaimer

I agree that all the above information is correct and that I have disclosed any points that may affect my ability to volunteer at SHCC.

I have taken out comprehensive travel insurance, I understand the risks associated with travelling and volunteering abroad and accept full responsibility for myself and decisions. I understand SHCC is in no way responsible for the decisions I make and I will not hold them accountable for any loss or injury I may sustain.

Signature of Applicant **Date of signature**