

APPLICATION FOR VOLUNTEER SERVICES

	Date:					
national origin, sex, or ancestry; or on the ba	uring volunteers on the basis of race, color, religious creed, asis of age against persons whose age is over 40 or on the characteristic required by law. No question on this form is or such discrimination.					
Name:						
	First Name Middle Name					
Residence:Street	City State					
Telephone No: Home	·					
Date of Birth:	Are you 18 years or older? Yes [] / No []					
Type of Identification: Voters Card \Box N	National ID card Driver's License					
International Passport	Others					
ID card Identification Number:						
Occupation:						
Current Employer:						
Employer Name	Supervisor Name Phone Number					
What kind of volunteer service would you be providing? Please tick as appropriate						
Trainings	Advocacy					
Fundraising/ Resource Mobilization	Award Leaders					
Procurement	Assessors					
Public Relations	AJ Supervisors					
Capacity Building	AJ Assessors					
Media/ Communications Others						
Hours available to volunteer. Please tick off the	he day of the week and indicate time duration					
Monday:	Thursday:					
Tuesday:	Friday:					
Wednesday:	Seasonal:					



	Describe your formal/informal training and experience pertinent to the Volunteer Services you would provide. What do you hope to gain from volunteering?						
W							
0		ided volunteer services:					
Sı	upervisor: Phone Number:						
To	o Be Completed By All Applicants						
	Have you ever been convicted of any criminal offense other than the following: Minor traffic violation or offenses settled in court Yes [] No [] If yes, please explain:						
Ce	ertifications						
Αı	re you certified in First Aid Yes [] No []						
D	o you have a valid driver's license? Yes [] N	o[]					
Re	eferences (Exclude Relatives)						
1.	Name:						
	Occupation:						
	Address:						
		Home Phone					
2.	Name:						
		Home Phone					



Emergency Information

Name and phone number of person to be notified in case of accident or emergency.					
Signature of Applicant					

A minimum of 2 reference checks are to be conducted. References must include immediate employer and/or any volunteer/employment involving supervision of children.

We make an active effort to prevent child abuse, which may include but is not limited to the following: A background check and references from past employers and volunteer organizations.

When practical, volunteers should not put themselves in a position in which they are alone with a single child and cannot be observed by others. Allegations or suspicions of child abuse are taken seriously and are reported to police and/or state agencies for investigation.

The International Award for Young People Nigeria's goals are:

- 1. To help young people develop to their fullest potential.
- 2. To deliver programs in a positive environment of safety, support and care.
- 3. To help young people make a difference to others and their communities.

Additional Volunteer Code of Ethics and Rules

I have been informed of The International Award for Young people Nigeria's position regarding child abuse, and have read and understand that portion of my Volunteer Application and Agreement titled "The International Award for Young People Nigeria's Position on Child Abuse." I understand that in addition to the state mandates, The International Award for Young People Nigeria will, among other things, conduct a thorough check of my background.

I understand that allegations or suspicions of child abuse are taken very seriously by The International Award For Young People Nigeria and will be reported to police and/or state agencies for investigation and that The International Award for Young People Nigeria and I will fully cooperate with any related investigations and will pursue the prosecution of child abusers to its full extent screening, I still desire consideration as a volunteer for The International Award for Young People Nigeria.

Affirmation

I hereby affirm that my answers to questions on the application are true and correct, and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application is cause for denial of this application or termination of my volunteer services regardless of when or how discovered; and that my service is subject to government regulations, The International Award for Young People



Nigeria's review and proof of minimum age.

I hereby waive any right to claim that any inquest or investigation is an invasion of my privacy, since they are made with my consent and it is in my best interest while being considered for a volunteer position.

I hereby acknowledge that I have rethis affirmation.	ead and understand the ab	ove statements a	nd that I voluntarily sig
Signature of Applicant		Date	
For Office Use Only			
National Director:			
Signature:			
Start Date:	End Date:		
Volunteer Services Title:			

Attention:

- 1. This Application should be submitted to The International Award for Young People Nigeria along with an affidavit of good character duly signed by a court of law and/or police report.
- 2. Attach a copy of your Curriculum Vitae and a copy of your ID card to this application.
- 3. Renewal of Volunteer service for The International Award for Young People Nigeria is subject to a yearly self-assessment and performance appraisal by the Management.

Thank you for Your Interest in The International Award for Young People Nigeria

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