



SHORT-TERM VOLUNTEER APPLICATION

Personal Information

First & Last Name _____

Date of Birth _____

Address _____

Cell Number _____

Home Number _____

Email Address _____

Marital Status single married divorced

Religion _____

Passport Number _____

Passport Expiration _____

Emergency Contact Information

First & Last Name _____

Phone Number _____

Address _____

Relation _____

Volunteer Dates

Approximate Date of Arrival in Benin _____

Approximate Date of Departure _____

Are these dates flexible? _____

Place of Employment or School Name _____

What is your current occupation? _____

Speciality _____

Degree(s) held & date(s) obtained _____

Do you have a driver's license? yes no

Do you smoke? yes no

Which languages do you speak?

| | | | |
|-------|-----------------------------------|-------------------------------|--|
| _____ | fluently <input type="checkbox"/> | good <input type="checkbox"/> | basic knowledge <input type="checkbox"/> |
| _____ | fluently <input type="checkbox"/> | good <input type="checkbox"/> | basic knowledge <input type="checkbox"/> |
| _____ | fluently <input type="checkbox"/> | good <input type="checkbox"/> | basic knowledge <input type="checkbox"/> |
| _____ | fluently <input type="checkbox"/> | good <input type="checkbox"/> | basic knowledge <input type="checkbox"/> |

Tree of Life USA must ensure that our volunteers are in good mental & physical health. Therefore, please answer the following questions honestly and provide details if applicable.

1. Do you have any chronic illnesses? yes no
If yes, which illnesses? _____
2. Do you have any physical limitations? yes no
If yes, what? _____
3. Do you have any allergies? yes no If yes, please list: _____
4. Have you ever had a nervous breakdown, been treated for anxiety or received psychiatric treatment?
 yes no Have you ever been on prescription psychiatric medications? yes no
If yes to either question, please specify: _____

5. Are you currently under any kind of medical treatment? yes no
If yes, please specify: _____
6. Have you ever been accused of a criminal act? yes no
If yes, please explain: _____

Please give us details about previous jobs and/or volunteer experiences you have had.

Please tell us about some of your interests.

Why are you interested in working with our organization? What do you have to offer and what do you hope to get out of your volunteer experience with Tree of Life USA as a volunteer in Benin?

I understand the conditions of volunteering with Tree of Life USA and agree to uphold them.

I understand that I am responsible for all expenses regarding this volunteer opportunity.

I understand that my application is not complete until all necessary paperwork is received by Tree of Life USA.

I understand that Tree of Life USA is a Christian, faith-based organization and I will respect and adhere to these values during my short-term volunteer experience.

By signing this form I declare that all statements in this application are true.

Signature

Date & Location

***Please see the following page for documents that are required for the completion of your application.*

Please attach the following items with your completed volunteer application:

- Current Resume
- Copy of Passport
- Two passport size photos
- Reference letters from:
 - a pastor or mentor
 - an employer
 - as well as from a colleague or friend
- Official background check**
- Self-evaluation of strengths and weaknesses

** www.selection.com is an online background check service that previous volunteers have used