



# VOLUNTEER APPLICATION FORM



## INSTRUCTION:

Fill up the necessary information in the boxes below. Write legibly and accurately. After completing the form, submit this paper to the supervising volunteer.

### I. PERSONAL INFORMATION

LAST NAME:		FIRST NAME:		M.I.:	
STREET ADDRESS:					
CITY/TOWN:		PROVINCE:			
ZIP CODE:		MOBILE NO.:			
EMAIL ADDRESS:		PHONE NO.:			
BIRTHDAY:		SEX:			
MOTHER & FATHER NAME:		CONTACT NO:			

### II. EMPLOYMENT AND EDUCATIONAL BACKGROUND

ELEMENTARY SCHOOL:				
HIGH SCHOOL:				
COLLEGE / VOCATIONAL:				
POSTGRADUATE:				
OCCUPATION:		NO. OF YEARS:		
COMPANY:				

### III. VOLUNTEER INFORMATION

POSITION APPLIED FOR:				
DEPARTMENT:				
REFERRED BY:				
DAYS AVAILABLE:				
TIME AVAILABLE:				

### IV. EMERGENCY CONTACT INFORMATION

PERSON TO CONTACT:				
ADDRESS:				
CONTACT NO/S.:				

**V. PRE - ASSESSMENT QUESTIONS:**

a. What made you decide to join COSC Barasoain?

b. What key qualities do you have that you think will be helpful in the growth of the organization? Please elaborate.

c. Are you amenable to sudden schedule changes in the event that another member is not able to perform his/her duties or in instance of special occasions (Holy Week, Christmas, etc.) that extra manpower is needed?

**CONFORME**

I hereby swear that the information that I have written here are correct and accurate. Any misinformation or misrepresentation may result in the denial of application as a volunteer in the organization.

\_\_\_\_\_  
Signature above printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
**LEA R. GASPAR**  
Head, Commission on Social Communications – Barasoain Church