



**VOLUNTEER PROFILE**

*Print and fill-up this form then fax to 374-8407 or email to [john\\_babar@wvi.org](mailto:john_babar@wvi.org). Thank you.*

Date of Application:				
<b>PERSONAL INFORMATION</b>				
Name:				
Last Name	First Name	Middle Name	Nickname	
Date of Birth:	Age:	Place of Birth:		
Address:				
Telephone:	Mobile:	Email Address:		
Gender:	Civil Status:	Citizenship:		
Religion:	Denomination (if any):			
Height:	Weight:	Blood Type:	TIN:	
Person to notify in case of emergency:				
Address:				
Relationship:		Contact Number/s:		
<b>EDUCATIONAL BACKGROUND</b>				
Level	School Name	Date	Course/ Degree Earned	
High School				
College				
Graduate				
Post- Graduate				
Special Courses				
<b>EMPLOYMENT HISTORY</b> (list 3 latest employers beginning with the most recent)				
COMPANY	POSITION TITLE	DATE STARTED	DATE ENDED	
Competencies gained through work experience/s:				
<b>AFFILIATION/S &amp; VOLUNTEER EXPERIENCE/S</b>				
ORGANIZATION	POSITION HELD	NATURE	PERIOD	
Special skills/ expertise/ talents:				
Hobbies/ Recreational Activities:				
Languages & Dialects spoken/ read:				
Health/ Medical Condition (please state if you have current medical concerns that might be a constraint to your physical activities i.e. allergies, food restrictions):				

How did you learn about the volunteering opportunities at World Vision?

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Why do you want to volunteer for World Vision?

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What kind of work would you like to do?

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When are you available for volunteer work?  
 Weekends       Holidays      preferred days: \_\_\_\_\_  
 Weekdays       Anytime      preferred hours: \_\_\_\_\_

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Skills I can offer World Vision:

Interpersonal Skills       Public Speaking/Presentations       Education  
 Office Administration/ Management       Fundraising       Writing  
 Disaster Relief Management       Leadership       Marketing/ Promotions

Others (please identify): \_\_\_\_\_  
 \_\_\_\_\_

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REFERENCES (please provide 2 personal/ professional references)

Name	Relationship	Contact Number/s	Years Known

I hereby certify that I have answered the above questions to the best of my knowledge and belief.

\_\_\_\_\_  
 Signature over printed name/ Date

NOTE: Print and fill-up this form then fax to 374-8407 or scan/email email attach as Word or PDF file to [john\\_babar@wvi.org](mailto:john_babar@wvi.org). Thank you.