

# HOPAD Volunteer Application Form

Thank you for your interest in volunteering for HOPAD Child and Women Promotion Society. Please complete the following form and submit to [info@hopadcwps.org.np](mailto:info@hopadcwps.org.np). The information you provide is strictly confidential. We welcome applications from people of all abilities, backgrounds, and communities.

## Personal Details

Title (Mr/Mrs/Miss etc.)  Forename(s)

Surname  Male  Female

Address

Postal Code

Home Phone  Cell Phone  Date of Birth  Age

E-mail

Passport No.  Exp Date  Citizenship

## Personal Health

Do you have any health problems or disabilities of which we should be aware? Yes  No

If yes, please give details

## Emergency Contact

Who should we contact in an emergency?

Name  Relationship

Address

Postal Code

Home Phone  Cell Phone  Work Phone

E-mail

## Volunteer Interest(s)

What HOPAD Program(s) or role(s) are you interested in? *Please tick all of interest*

Children's Programs  Women's Programs  Program Manager/Coordinator  Teacher  House Mother

Office Manager  Fundraising Coordinator  Other

## Other Interest(s)

What other interests do you have while in Nepal?

Nepali Culture  Trekking  Religion(s)  Government Policy/Issues  Other(s)

## Volunteer Duration

How long would you like to volunteer for the HOPAD Program/role of your choice?

1 week – 1 month  1 – 2 Months  3 Months or More  Other

How much time per day would you like to volunteer your services?

Less than 2 Hours  3 – 5 Hours  5 – 8 Hours  8 Hours or More  Other

## Experiences & Qualifications

Please briefly list and describe all past and/or present experiences that qualify you for the volunteer position of interest

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## Motivation for Volunteering

Please briefly describe why you are interested in volunteering with HOPAD and the program(s)/role(s) of interest

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In your own words, please briefly define and describe what volunteering means to you.

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Please briefly describe what impact you will have on the HOPAD program you volunteer with.

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Please briefly describe what you hope to gain or learn while volunteering with HOPAD.

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## References

In order to protect the interests of HOPAD Child and Women Promotion Society, we kindly request you provide details of two referees who have known you for at least two years. One referee should be someone not directly related to you by blood or marriage.

### Reference 1

Name	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
		Work Phone	<input type="text"/>
E-mail	<input type="text"/>		

### Reference 2

Name	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
		Work Phone	<input type="text"/>
E-mail	<input type="text"/>		

*HOPAD Child and Women Promotion Society requests references to assure that the security and efficiency of its programs remain at the highest possible level. Applicants may choose to not include references, however it is best for HOPAD and all parties involved if references are included.*

## Volunteer Support

Being that HOPAD Child and Women Promotion Society is a nonprofit, nongovernment funded organization; it is required for all volunteers wishing to serve within a HOPAD program to fund their personal accommodations. This cost varies based on the program, location, and duration of stay. All volunteers will be kindly asked to pay for their personal room and board and the cost to prepare additional daily food. Volunteers are also financially responsible for visa fees, travelers' insurance, and any other food or activities done in addition to or outside of their HOPAD program.

## Personal Declaration

I hereby apply to become a volunteer with HOPAD Child and Women Promotion Society. I also agree to abide by all HOPAD Child and Women Promotion Society policies and guidelines. I understand that I have a responsibility for my own and others' health and safety while volunteering with the HOPAD program. If accepted, I will abide by all principles of volunteering outlined in HOPAD's Volunteering Policy. I agree that HOPAD Child and Women Promotion Society may hold and use the data on this form for the purposes of administering and supervising my work with the program and that such data may be available to those who reasonably need to know the same within the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_