



ANGELS OF LOVE JAMAICA

P.O. Box 2881

Kingston 8. Ja. W.I.

1(876)808-8888/880-8888

angelsofloveja@gmail.com

www.angelsofloveja.org

Facebook:angelsoflovejamaica

Angels of Love Jamaica, a Jamaican registered, non-governmental, non-political, non-profitable, charitable organization of kind hearted persons with the same “AIM” in mind. This aim characterizes our human dedication to assist in providing life saving treatment, health care, education and supporting services. The services of this organization are to benefit disadvantaged, under privileged and vulnerable children in Jamaica with physical, mental or emotional pain but not being heard.

Volunteering for Angels of Love Jamaica supplements our dedication and efforts to solicit sponsorship and donations to keep our organization operational benefiting sick children.

Volunteering includes:

- ◆ Tin Drives
- ◆ Bake Sales
- ◆ Concerts
- ◆ Bazaar
- ◆ Greeting patrons at events and functions
- ◆ Taking part in events for the benefit of the organization
- ◆ Many others

VOLUNTEER/MEMBER DATA

Thank you for your interest in volunteering for Angels of Love Jamaica.

In order for us to better identify your skills & interests; we appreciate you providing us with the following information:

Please print or type

PERSONAL INFORMATION

Full Legal Name _____

Last/ First/ M Initial _____

Mr., Mrs., Miss, Dr., Other _____ (circle one or specify other)

Name I prefer to be called _____

Address _____

City _____ Parish _____

Work Phone () _____ Home Phone () _____

Cell Phone () _____ E-mail _____

Date of birth _____ (mm/dd/yyyy)

Do you have a valid driver's license? Yes / No

Please circle one: Employed Retired Unemployed Student

If employed, what are your typical working hours? _____

School currently attending: _____
Name of School or University

Grade or Major Area of Study

Do you speak a foreign language? If so, please indicate which language(s) and level of proficiency.

Do you have any emergency training? If yes, please provide details: _____

A number of duties at Angels of Love Jamaica may require physical labor. Do you have any limitations that might prevent you from performing any duties?

AVAILABILITY

Please check days & times that you are available to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

PREVIOUS VOLUNTEER EXPERIENCE

Organization _____ () _____

Contact person Phone _____
Duties: _____

Organization _____ () _____

Contact person Phone _____
Duties: _____

May we contact these employers and/or organizations for references? Yes/ No

EXPERIENCE & SKILLS

Why are you interested in volunteering for Angels of Love Jamaica?

Where did you hear about volunteering for Angels of Love Jamaica?

Advertisement:

Employee:

Friend or Volunteer:

Personal Inquiry (i.e. walk-up)

Angels of Love Jamaica Web Site Face Book Twitter

Other

Please explain: _____

Please check all that applies to you:

Data Entry/Computer Skills

Experience with (circle all that apply): Word Excel Power Point Publisher Access
Outlook Mail Merge Internet Raiser's Edge Financial Edge Patron's Edge

Other Skills: _____

REFERENCES

Please list two references (not family):

Reference #1 (Current/Past Employer or School)

Reference #2 (Personal)

Name

Name

Address

Address

Phone 1 Phone 2

Phone 1 Phone 2

EMERGENCY CONTACT

Contact Person _____ Relationship _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Other Phone () _____

If you would like to include information in addition to that requested above, please do so by attaching a resume or letter to this application.

Disclaimer certificate: I hereby authorize Angels of Love Jamaica to inquire of any previous employer or other persons regarding my experience, reputation, character, ability, and qualifications for volunteerism. The information supplied by me in this application, and attached resume (if any), is true to the best of my knowledge. I also understand that securing a volunteer position is dependent upon a mutual understanding between me and representatives of Angels of Love Jamaica. Interviews and other evaluation methods may be applied as part of the evaluation process. Angels of Love Jamaica shall not be held liable / responsible at any time, due to accident / misadventure for the loss of life, limb, personal effects, personal injury and motor vehicle.

Signature

Date

Parent's or legal guardian's signature (if under eighteen)

Date