VOLUNTEER APPLICATION FORM

LEOT School Ban Phanlouang Luang Prabang 030 9887088



NAME:	AGE:	
HOME ADDRESS:		
EMAIL ADDRESS:		
NATIONALITY:		
PROPOSED VOLUNTEERING PERIOD:		
EXPERIENCE and/or QUALIFICATIONS:		
HAVE YOU VOLUNTEERED PREVIOUSLY?:	Yes	No
IF YES WHERE and WHAT DID YOU DO?:		
HAVE YOU ANY CRIMINAL CONVICTIONS?	Yes	No
HAVE YOU ANY PENDING CRIMINAL PROCEEDINGS		
AGAINST YOU?	Yes	No
HAVE YOU GOT A CURRENT DBS CHECK OR EQUIVALE	NT	
POLICE CHECK?	Yes	No

	LD LIKE TO CONTRIE			
AVAILABILITY:	Morning	Afternoon	Evening	
HOW DID YOU FIN				
	THE PROVISION OF		SINESS REFERE	NCE FROM A PERSON WHO
NAME OF REFERE	E:			
ADDRESS OF REFE	REE:			
SIGNATURE NAME				
<u>DATE</u>				
For Office Use Or	nly			
Reference received	-		Yes	No
Copy passport rec	eived?		Yes	No
If yes passport nui	mber:			
Application appro	ved?		Yes	No

If yes attendance dates:	 	
If no reason for rejection:	 	
Application considered by:		
Signature:		