**Skills-Based Volunteer Application Form**

**Thank you for your interest in volunteering with the Foundation of Goodness and helping the less privileged in the rural areas of Sri Lanka.**

**Please fill in all areas of the form below.**

**DURATION OF ASSIGNMENT IS FROM 2 – 4 WEEKS. However, in the event we are able to accommodate you beyond 30 days we shall be pleased to oblige subject to extraordinary performance, discipline and value addition from our perspective.**

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| --- | --- | --- |
|  | **Name:** |  |
|  | **Date of birth:** |  | **Nationality:** |
|  | **Country of residence:****Address:****Contact number:****Email address:** |  | **Male:** **[ ]** **Female:** **[ ]**  |
|  | **Languages spoken:** | **Mother tongue:** **Other languages:** **Fluency: Basic** **[ ]  Intermediate** **[ ]  Advanced** **[ ]**  |
|  | **Status:** | **School Student:** **[ ]  University:** **[ ]  Retired: [ ]  Employed: [ ]** **Name of School/University:** **Name of Current/Previous Employer:** **Other *(specify)*:** **[ ]** **http://unconditionalcompassion.org/volunteer/http://unconditionalcompassion.org/volunteer/** |
|  | **T/shirt size:** | **Small** **[ ]  Medium** **[ ]  Large [ ]  XL** **[ ]  XXL** **[ ]**  |
|  | **Emergency Contact:** | * **Name :**
* **Relationship :**
* **Telephone # :**
* **Email address :**
 |
| **­­­­­** | **Health Conditions:****Volunteer Requirements:** | * **Do you have an International Health/Accidental Insurance cover? *Please provide copy:* Yes** **[ ]  No** **[ ]**
* **Do you have any conditions needing medical/psychological attention?**
* **If yes - how long have you had this condition?**

**Treated** **[ ]  Untreated** **[ ]** ***Please provide a copy of the Doctor’s Diagnosis/ prescription.**** **Known allergies:**
* **Blood group:**
* **Any physical disabilities:**
* **NOTE: The above details are essential in case of an emergency**
 |
|  |  | 1. **It is recommended to visit the FOG Colombo office prior to proceeding to your area of placement in order to meet the Head of Volunteer as well as the Founder/Chief Trustee if available, for a brief meeting if you arrive within office working hours.**

***The Foundation of Goodness Colombo office operates from Monday to Friday from 9 am -5:30 pm*** |
|  |  | 1. **We require a brief project plan on how you aim to make a difference in adding value in any ONE of your most preferred areas.**

***The format will be provided upon receipt of your Volunteer Application Form*** |
|  |  | 1. **Fill in the ‘Volunteer Daily Activity Record Sheet’ on a daily basis and obtain the sector supervisors’ signature and hand it over once completed to Ushani Ludmila, the volunteer coordinator in Seenigama.**
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|  |  | 1. **The Weekly E-Report will be emailed to you at the start of your assignment. This is to be updated and submitted WEEKLY.**
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|  |  | 1. **The volunteer Coordinator in Seenigama will meet up weekly for a briefing of the work carried out by you and discuss the action plan for the next week.**
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|  |  | 1. **Please purchase a local sim card for easy communication**
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|  |  | 1. **Internet facility is available at the all centres. It is advisable to check email on a daily basis.**
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|  |  | 1. **Please complete the ‘Volunteer Evaluation e-Form’ which will be emailed to you at the end of your volunteering assignment.**
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|  |  | **Please note that if you do not comply with the conditions of the Foundation of Goodness it is at our discretion to discontinue the volunteer placement.** |
|  | **On the skills-based programmes, we recommend that volunteers choose one specific area for them to focus on. However, you are welcome to choose upto three areas and take the rotational programme, if you can add value with previous experience & knowledge:** | **• Education [ ]** **• Childcare [ ]** **• Finance [ ]** **• Women’s Empowerment [ ]** **• Volunteer Management [ ]** **• Fundraising [ ]** **• Policy Making & Campaigning [ ]** **• Administration and Operations Management [ ]** **• Sustainable Tourism [ ]** **• Marketing, Social Media, PR and Communications [ ]** **• Youth and Community Development [ ]** **• Environmental and Conservation Work [ ]** **• Medicine and Global Health [ ]** **• Sports [ ]** **• Rotational Programme involving upto 3 areas from the above [ ]**  |  |
|  | **If you are able to help in any other way:** | **As well as the areas above we have a range of other community services including workshops, education seminars and elderly needs. We also recognize that volunteers bring with them a wealth of experience and we welcome new ideas about improving our rural community. If you are able to help in any other way please outline here:**      |
|  | **In order for us to place in you within the right department/team of FoG, please highlight your relevant skills and experience and indicate specifically how you would be interested in helping with the areas(s) that you have selected above:** |       |
|  | **Previous volunteer experience:** | 1. **Place:**

**Date of commitment: From:** **To:** **Assignment/District:**  1. **Place:**

**Date of commitment: From:       To:****Assignment/District:**1. **Place:**

**Date of commitment: From:**       **To:**      **Assignment/District:**       |
|  | **Please indicate the proposed start date and length of stay:** | * **Start date:**  ***(Please mention specific dates)***
* **Intended length of placement:**

**The Foundation of Goodness,Seenigama (MCC Centre of Excellence, Sports Academy, Village Heartbeat Centres, Dive Training Centre) work week Tuesday to Saturday.****\* Kindly read through our holidays and adjust your period of volunteering accordingly.****http://loopsmarketing.org/web/fog/wp-content/uploads/2019/01/FOG\_holidays-2019.pdf** |
|  | **Why are you interested in volunteering at the FOG?** |       |
|  | **How did you hear about FOG?** |       |
|  | **Reference:** | **Please list two people who can attest to your character, work, etc. Include your current/ former employer -**1. ***Skills and Dependability (non-relative) -***
* **Name :**
* **Designation :**
* **Address :**
* **Telephone # :**
* **Email :**
1. ***Professional – current Employer or school/ university Authority* We require a letter of recommendation from your immediate Supervisor/Principal -**
* **Name :**
* **Designation :**
* **Address :**
* **Telephone # :**
* **Email :**
 |
|  | **Preferred accommodation**  | * **Lahiru Villa:** **[ ]**
* **Sports Accommodation:** **[ ]**
* **VHP 1 – Udumulla:** **[ ]**
* **VHP 2 – Rathgama:** **[ ]**

http://unconditionalcompassion.org/volunteer-accommodation/**In case of cancellation a 15% fee will be applicable. All prices are subject to change and availability will be on a first come first served basis.** |
|  | **Rules of Conduct for Volunteers:** | * **Please read the Foundation’s rules and regulations for volunteers in the link below.**

[**http://unconditionalcompassion.org/volunteer-rules/**](http://unconditionalcompassion.org/volunteer-rules/)* **I have read and understood the contents and agree to adhere to comply and respect the rules and regulations stated therein?**
* **Yes [ ]  No [ ]**
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**Please email your completed form along with a copy of your CV to: *Rashmini de Silva*** **rashmini@foguc.org** **& *Amaarah Kellapatha*** **amaarah@foguc.org**

**Thank you for completing this application form**