**TEWOAF Volunteer Application Form**

**Caring**

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***please include additonal pages where needed to give more details***

**Please complete and return to** [**volunteers@tewoaf.org.au**](mailto:volunteers@tewoaf.org.au)along with a current CV

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| **PERSONAL DETAILS** | |
| **Name:** |  |
| **Contact Phone/s:** |  |
| **Address:** |  |
| **Email address:** |  |
| **Date of birth:**  **Occupation:**  **Languages spoken:** |  |

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| **PLANS / DETAILS** | |
| **Please nominate your preferred volunteer program** | 🞏 Community English Program  🞏 Community Health Program |
| **Approximate dates you would like to volunteer with TEWFI?**  ***(two month minimum)*** |  |
| **Do you have any other travel planned before/after your volunteer placement?** |  |

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| **Why do you want to volunteer with TEWOAF?** |
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| **What skills, experience or qualifications do you have that are relevant to this position?** |
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| **What do you hope to achieve by volunteering in this program?** |
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| **What do you see as the positive and negative aspects of volunteering in this context?** |
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| **What experience do you have communicating in cross-cultural situations? What do you see as important?** |
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| What problems do you foresee as a foreigner working in this context? |
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| **REFEREES: At least one professional and one personal**  *(Include name, relationship to you, and contact details)* | |
| **Referee 1:** |  |
| **Referee 2:** |  |
| **Referee 3:** |  |

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| **Is there anything else you would like to add in support of your application?** |
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| **EMERGENCY CONTACT DETAILS** | |
| **Name:** |  |
| **Relationship to you:** |  |
| **Contact Phone/s:** |  |
| **Email address:** |  |

**For information or assistance, please contact The East West Overseas Aid Foundation:**

**🡮 Phone: +61 3 9650 0514 🡮 Email:** [**volunteers@tewoaf.org.au**](mailto:volunteers@tewoaf.org.au)