JAMAICA KIDNEY KIDS FOUNDATION

VOLUNTEER PROGRAMME APPLICATION FORM

1. Surname	2. Christian Name	3. Middle Name

4. Address & Contact #	5. School / University & Proposed Graduation Date
Email address:	6. Age

7. Parent / Guardian	8. Parent / Guardian Address	9. Parent / Guardian Contact Tel. #
		Home:
		Work:
		Cell:

10. State reason(s) for Volunteering	11. Have you volunteered before? Y/N. If yes, where, and work done

12. What skill(s) do you have?	13. List your hobbies:

14. Work preference:	15. Statement of Permission (Child under 18 yrs)
Morning ☐ Office ☐	
Afternoon ☐ Clinical ☐	
Days available:	
Preferred Start Date:	

16. Volunteer's Signature: Date:	17. Parent/Guardian Signature: Date:

An additional application form, along with a character recommendation letter are required in order to volunteer at the University Hospital of the West Indies

OFFICIAL USE ONLY

Volunteer's Name: **Assigned:** **Date:**

Supervisor:

Main Duties:

Assigning Officer's Name: **Signature:**