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| **Personal Information** |
| Name : | Tel . No.: |
| Address : | Email : |
| Father’s Job: | Mother’s Job: |
| Grade/Department-Faculty: |

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| **Your Skills and Interests** |
| □ Arts and Crafts  | □ Car Owner |
| □ Computer Skills | □ Form Filling |
| □ Listening / Befriending  | □ Telephone Skills |
| □ Shopping | □ Purchasing Skills |
| □ Social Groups ( Learning Disabilities ) | □ Others (Please Specify)  |

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| Do you have a physician in your family who can help us in our volunteer project ? what is his/her branch? |
| Do you know any one or any organization who can help us financially if we need ? |
| Please tick on the project that you want to participate in : □ Visiting Nursing –home care (infirmary) monthly ? □ Visiting Erbil orphanage monthly ? |
| Do you have an experience as a volunteer , describe it briefly ? |
| Courses or training (if relevant)  |
| Languages you speak  |
| Why would you like to be a volunteer with us ? |
| Are you willing to visit people in their own homes ? |
| Approximately , how much time would you like to give each week ? |
| Special talents : |
| **Our vision :**To feel our responsibilities , to be fair , motivating , inspiring , respectful and supportive society members, and let other individuals enjoy quality life , as much as possible , through our activities .We are passionate about what we do and care about each individual .We work in partnership and collaborate with others so as to best achieve our goals . |

**Signature : ………………………………………….**