



**SAFAD VOLUNTEER  
APPLICATION FORM**

**SAFAD**  
Silsoe College  
Silsoe  
Bedfordshire  
MK45 4DT

<http://www.silsoe.cranfield.ac.uk/safad/>

# SAFAD VOLUNTEER

## APPLICATION FOR AN OVERSEAS PLACEMENT

Please complete this form in **black ink**. Continue on separate sheets if necessary. Please do not write outside boxes provided. Please state if you have a disability which might require special assistance at interview or whilst you are overseas. The information provided in this form shall be used for the purposes of volunteer selection and support only. Confidentiality is assured.

### 1. PERSONAL INFORMATION

**First Name (s)**

**Family Name**

**Preferred Title (Mr/Miss/Ms/Mrs)**

**Nationality**

**Date of Birth**

**Age**

**Permanent Address**

**Term Address**

**Tel:**

**Tel:**

**Email**

**Course & Level**

### 2. EDUCATION

Name of Institution	From	To	Subject	Grade

Languages	Level			
	Mother Tongue	Fluent	Basic	Tourist

**Please list any other qualifications/skills (e.g. driving license, word-processing/secretarial qualifications, first-aid certificate etc.):**

### **3. ACTIVITIES AND INTERESTS**

**What are your hobbies and interests? What do you contribute and what do you get out of them?**

**Have you lived or travelled overseas? Please give details:**

**4. WORK EXPERIENCE**

**Please give details, including part-time work and voluntary work (most recent first):**

<b>Name of Employer</b>	<b>From</b>	<b>To</b>	<b>Type of Work and Position Held</b>

**What kind of career are you considering? Why?**

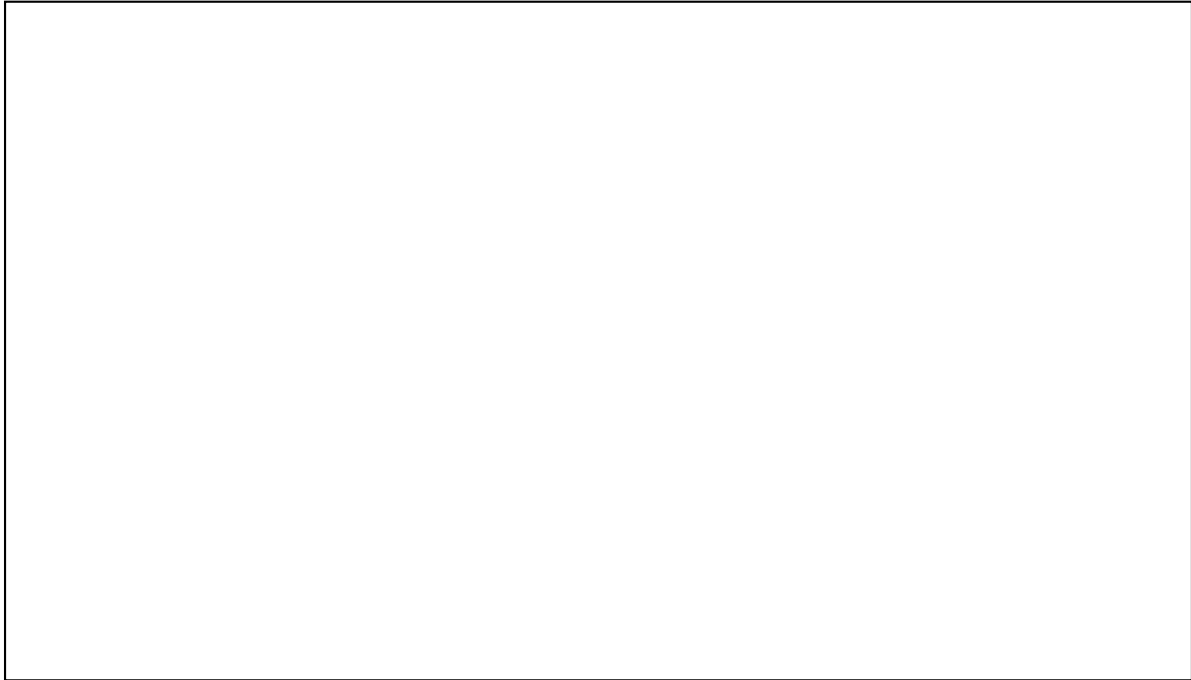
## 5. WORK OVERSEAS

**Why are you applying to work overseas as a SAFAD volunteer?**

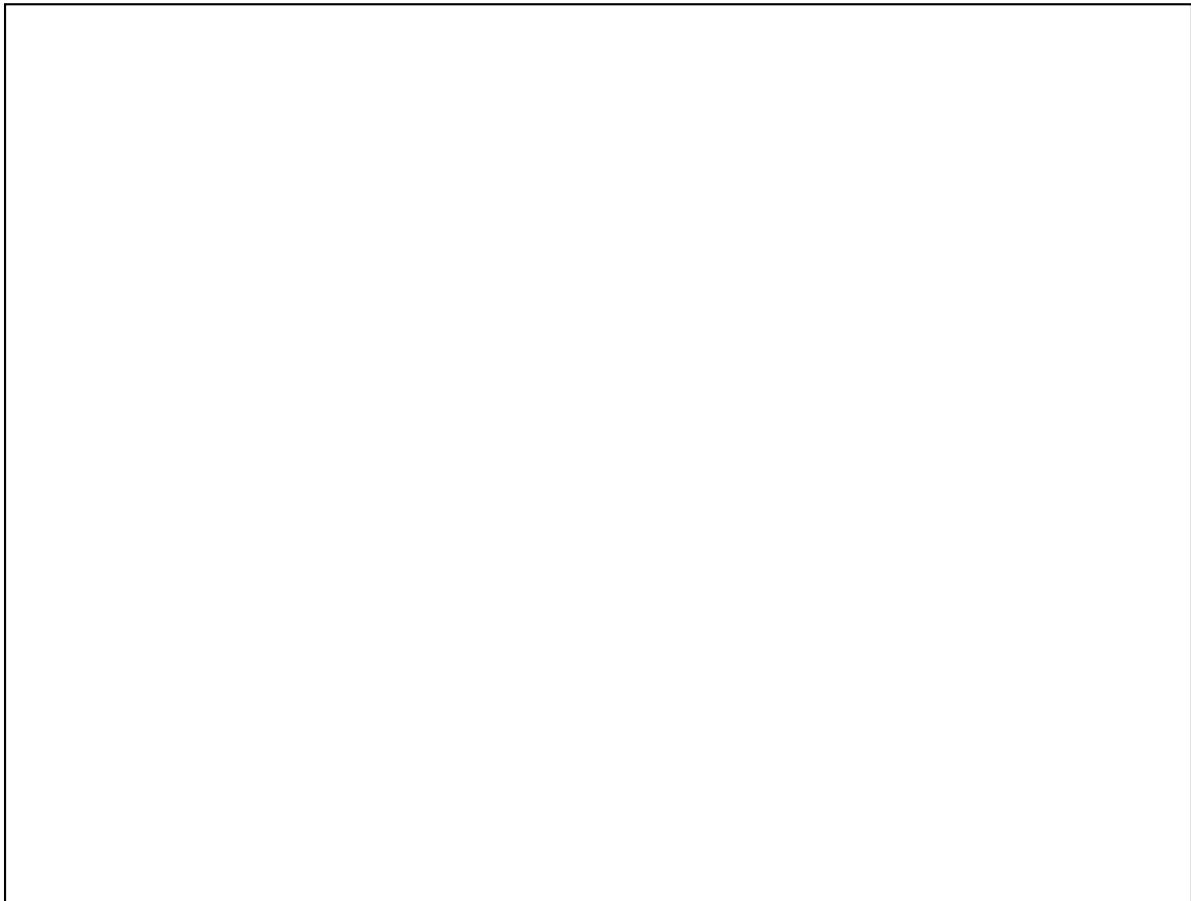
**What sort of job do you think you are equipped to do in a developing country? In what ways do you think your education, experience and training so far would be relevant?**

**Do you have a strong preference for a particular project and/or location? (Explain)**

**Please describe a situation in which you have had to cope under pressure. How do you feel such an experience could contribute to your work in a team?**



**What difficult situations can you foresee working as a volunteer in a developing country? How would you deal with these situations?**



## 6. HEALTH

If you would prefer, you may make a copy of this section and pass it directly to Richard Carter. If this is your intention, place a tick in this box.

Please delete as appropriate.

i) Have you ever suffered any serious physical or mental illness, or accident?

Y / N

ii) Have you ever undergone any surgical operation or been an in-patient in a hospital?

Y / N

iii) Are you taking any medication - prescribed or not?  
(excluding medication prescribed for contraceptive purposes).

Y / N

iv) Do you have any objections to vaccinations?

Y / N

If you have answered yes to any of these questions, please give any extra information here:

Please provide the name, address and telephone number of your doctor.

## 7. REFERENCES

Please give the name, address and telephone number of 2 referees whom SAFAD could contact with reference to your application (we will not contact them without your consent first)

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## 8. DECLARATION

- a) I have read and understood the SAFAD Introductory Information for Volunteers.
- b) All the above information is, to my knowledge, true and accurate.

Signed:

Print Name:

Date:

The completed form should be sealed in an A4 envelope marked SAFAD Recruitment.