

Volunteer Application Form

Make-A-Wish Foundation® United Arab Emirates Head Office - Villa 7, 8th Street, Khalidiya PO Box 771, Abu Dhabi, UAE Office +971 2 666 5144

The Fairmont Dubai, Office Suite - 4th Floor, Direct+97143589200 Office+97143314444 http://www.makeawish.ae

Volunteer inquiries: volunteer@makeawish.ae General inquiries : info@makeawish.ae

September 25, 2017

A Kolunteer Name Vish & United Arab Emirates

Volunteer ID Date

Interview Status

Documents

- Resume
 Passport
- Residency visa
- Emirates ID
- Recent Photo



. .	.,			Please fill all the
Personal Deta	ails			fields.
Please specify: 🗆 N	Mr. 🗆 Mrs. 🗆 Ms.			
Name				-
Address				-
Emirate	Date of Birth	Natio	onality	
Do you visit any o	ther Emirates frequently	7? (If yes, when?)		-
Contact Details				
Mobile	WhatsApp	Hom	e	
Email Address	-Wish® l	Jnited A	Arab En	nirates
The Preferred wa	y of Communication?			
□ Mobile □Other (Please spe	□WhatsApp cify)	□Email	⊐SMS	
Do you hold a U	AE driving license?	Do you have	a car?	
O Yes	O No	O Yes	O No	
In case of Emerge Name	ency, who should we co	ntact?		
Phone number		Relation		

Employment Det	ails		Please fill all the	
			fields.	
Employer Name				
If possible, please attach	an NOC to this applicatio	n.		
Emirate		Address		
Email Address		Phone Number		
May we contact you at	May we contact you at work? O Yes O No			
If yes, The Preferred way of Communication at Work?				
🗅 Mobile	□WhatsApp	□Email		
□Other (Please specify)				

MEducation and Skills h R United Arab Emirates

Please provide a brief summary of your Education / Skills and Experience.

Fluent Languages					
□English	□Arabic	□Urdu			
□Other (Please specify)					

What type of volunteer opportunities you are most interested in?

🗅 Wish Interviews	🗅 Arts & Crafts	🗅 Computer H/W - S/W
🗅 Wish Design	Baking & Cooking	🗅 Marketing
🗅 Public Events	Professional Writing	🗅 Graphics Design
🗅 Photography	Translation	Microsoft Office
🗅 Office Work	□Other (Please specify)	

Volunteer and Community Involvement

ves, please list (start with t		ce? 0 Yes experience)	O No	
Organization Name				
Location				
Date of Service				
Supervisor's Name &Title				
Position & Responsibilities				
Organization Name	hRL	Inited	Arab	Emira
Date of Service				
Supervisor's Name				
&Title				

□Mornings □Evenings

Will you be interested in volunteering with Make a Wish in other Emirates?O YesO No

Personal References Please provide three non-family references -not mandatory-		ture Date red.
Name		
Telephone Number		
Address		
Name		
Telephone Number		
Address		
Name		
Telephone Number Address	A-Wish® United Arab Emi	rates

If you would like to include additional information about yourself, please do so on the back of this form.

I HAVE COMPLETED AND REVIEWED THIS ENTIRE FORM AND ATTEST THAT THE INFORMATION PROVIDED IS TRUE. ADDITIONALLY, I UNDERSTAND THAT CERTAIN VOLUNTEER POSITIONS MAY REQUIRE THE COMPLETION OF A CRIMINAL BACKGROUND CHECK.

Applicant Signature

Date

under

Guardian signature

18 years.

if

Applicant under the age of 18

To be completed by the Parent / Guardian of the applicant

I hereby acknowledge that my child, who is under the age of 18, will be volunteering for Make-A-Wish Foundation of UAE, and provide my approval for him/her to do so.

Parent / Guardian Name	
Parent / Guardian Signature	
Date	

Make-A-Wish®

Make-A-Wish Foundation UAE The Volunteer Department Make-A-Wish Foundation® PO Box 771, Abu Dhabi, UAE khalideya villa 7, 8th Street (02) 666 5144 volunteer@makeawish.ae

Volunteer Consent and Release		Signature	
	and	Date	
Name	requi	red.	

The volunteer position you have applied for upholds considerable responsibilities. You may be entrusted with valuable assets of the Foundation, most importantly our wish children and wish families. As a condition of your potential service to the Foundation as a volunteer, we may perform a background investigation. Your participation in this process is voluntary; however, if you choose not to sign this release, you may be eliminated as a possible candidate for the position you have applied for.

ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL

I hereby authorize the Make-A-Wish Foundation of United Arab Emirates to schedule and complete a personal background check, including a criminal history,

Do you have any prior names or surnames?	O Yes O No	
If yes, please list name(s)		
1ake-A-Wish® U	nited Arab E	
UAE Driver's License #		
Passport #		
Residency Visa #	Expiry	
Signature	Date	

Please submit the below documents with the Application

- Updated Resume

- Copy of your Passport
- Copy of your Residency visa
- Copy of your Emirates ID
- Recent photo