

HEART OF PEACE PROJECT

August 1-6 2010
Tucson, AZ
Tel: 520-628-3709

Volunteer Application Form

Please send this form to: **Ambika Wauters, 2954 North Campbell Road, Tucson, AZ 85712**
ambika@prodigy.net Tel: 520-628-3709

We will confirm receipt of your application by email as soon as it arrives. Since the number of volunteer positions is limited, we will notify you within two weeks of receiving your application if we can provide this opportunity for you at our first Heart of Peace conference. Thank you for your interest and patience.

? I agree to be fingerprinted as a requisite to being part of the Heart of Peace project

1. Name _____

2. Address _____

Zip _____ Country _____ Phone _____

Email _____ Cell _____

3. Profession _____

4. How long have you worked in your profession? _____

5. Please list your previous employment history _____

6. Education _____

Certifications/Degrees
held _____

7. Languages spoken? _____

8. What is your level of spoken English? ___Beginner ___Conversant ___Fluent

9. Number of driving license / passport _____Country _____

10. Have you worked with children before? ___Yes ___No What age range? _____

11. What skills do you have to offer?

12. Why do you want to volunteer in the Heart of Peace project?

13. Have you ever worked with developmental delayed or autistic people before?

14. What are your expectations for working with the parents and children?

15. What are your expectations for supporting a team of therapists?

16. What time period are you volunteering for?

___ The whole project from Aug 1 – Aug 6

___ Other (please clarify) _____

17. Are you available for volunteer training on 30st July and 31st July? _____

18. Are you available for post-Project clean-up on August 7-8th? _____

19. Do you have any other comments? _____

Signature _____ Date _____

The Heart of Peace project thanks you for your interest, for your commitment, for your energy and we look forward to working with you and to getting to know you better.