**Application for General Volunteer Placement**

Your Photo

(Click here below icon)



|  |  |  |  |
| --- | --- | --- | --- |
|  | Name in full | : |  |
|  | Gender | : |  |
|  | Phone # |  |  |
|  | Email Address |  |  |
|  | Mailing Address |  |  |
|  | Date of Birth |  |  |
|  | Students:  Education: Completed and Currently Enrolled in | : |  |
|  | Others:  Please describe your profession |  |  |
|  | Previous Volunteer and Travel experience (if any) | : |  |
|  | When are you available to volunteer? | : |  |
|  | What areas of focus you are interested in? | : |  |
|  | Brief summary of your professional experience / expertise | : |  |
|  | Payment Plans |  | $300 per week of placement (Full payment due 2 months prior to placement commencement date).. |
|  | Method of payment | : | Pay via **e-transfer** (email transfer) – HCI’s preferred method- to “**info@handicareintl.org**” from my net banking”)  [**Pay by Credit Card**](https://www.zeffy.com/fundraising/46f20b6f-d3c2-4bb9-bbaf-1d887034a35d), You need not add the suggested contribution. Select other and enter zero or any amount of your choice. |
|  | Any known food / drug allergies |  |  |
|  | Emergency contact info: Name, Relationship, Phone #, Email id |  |  |
|  | Signature |  |  |