

Please include  
1.5"x1.5" picture  
on the email

## VOLUNTEER APPLICATION FORM

### IMPORTANT INFORMATION

- Completely fill out this application form accordingly.
- Submit this form to the Center for Service-Learning and Community Engagement along with the following requirements:
  - Photocopy of Student Identification Card & latest Certification of Matriculation
- Upon the accomplishment and submission of this form, the applicant will be scheduled for preliminary and final interviews.

Volunteer applications for \_\_\_\_\_ Term of S.Y. \_\_\_\_\_.

### PERSONAL INFORMATION

<b>NAME</b>			<b>STUDENT NUMBER</b>		
<b>PROGRAM</b>			<b>YEAR LEVEL</b>		
<b>DATE OF BIRTH</b>		<b>PLACE OF BIRTH</b>		<b>GENDER</b>	<input type="checkbox"/> M <input type="checkbox"/> F
<b>MAILING ADDRESS</b>					
<b>PERMANENT ADDRESS</b>					
<b>E-MAIL ADDRESS</b>		<b>MOBILE NO.</b>		<b>LANDLINE NO.</b>	
<b>FATHER'S NAME</b>		<b>CONTACT NO.</b>		<b>OCCUPATION</b>	
<b>MOTHER'S NAME</b>		<b>CONTACT NO.</b>		<b>OCCUPATION</b>	
<b>GUARDIAN'S NAME</b>		<b>CONTACT NO.</b>		<b>OCCUPATION</b>	
<b>GUARDIAN'S ADDRESS</b>					
<b>NAME &amp; ADDRESS OF HIGH SCHOOL ATTENDED</b>				<b>CONTACT DETAILS</b>	

### SKILLS INVENTORY

INDICATE THE SKILLS THAT YOU HAVE (PLEASE CHECK ALL THAT APPLIES):

- BASIC MICROSOFT OFFICE APPLICATIONS
- PHOTOGRAPHY
- WRITING
- GRAPHIC DESIGNING
- VIDEO EDITING
- VERBAL COMMUNICATION SKILLS
- ORGANIZATIONAL SKILLS
- CLERICAL

Others, please specify:

### VOLUNTEER EXPERIENCE

Have you done other voluntary work before?

- YES  NO *If Yes, please state briefly where, when, and what you have done:*

Why would you like to join the CSCE Volunteers Group? Please explain briefly.

### AFFILIATIONS

Are you a current member of any MCL or non-MCL group or organization?  YES  NO

*If Yes, please fill-out the following information:*

Name of Organization/s: \_\_\_\_\_

Position/s: \_\_\_\_\_

### PARENT / GUARDIAN'S CONSENT

I allow my son/daughter to join the CSCE Volunteers Group. Moreover, I also give my consent for him/her to join all CSCE and NSTP community service initiatives that may require his/her services with prior notification.

\_\_\_\_\_  
*Signature over Printed Name & Date*

### CONFORME

*I hereby certify that the above information are true and correct. I fully understand the terms and conditions as well as the procedures in applying as a volunteer. I also understand that my services as a volunteer will be terminated if I fail to comply with any school regulations*

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
DATE

### PROCESSING AND ACTION NOTICE

*To be filled out by CSCE Staff*

*Please fill out upon submission of form*

RECEIVED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

**QUALIFIED FOR PRELIMINARY INTERVIEW**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

**QUALIFIED FOR FINAL INTERVIEW**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Recommendation: \_\_\_\_\_

### APPROVAL OF APPLICATION

\_\_\_\_\_  
Director, CSCE

Remarks: \_\_\_\_\_