



Please ensure to fill in all the fields completely and do not leave any blank items. Thank you.



## AL SHAQAB VOLUNTEER APPLICATION FORM

### APPLICANT INFORMATION

Name:		
Date of birth (mm-dd-yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Mobile:
Nationality:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others: _____	House Phone:
Qatar ID:	Personal Email:	School/ Work Email:
Occupation: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Others _____		
Person to contact in case of emergency Name:		Mobile:
Relationship:		

### EDUCATIONAL BACKGROUND

Last School Attended:	Level/ Course:	Date of Completion/ Expected Date of Completion:
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### EMPLOYMENT BACKGROUND

Name of Company:	Job Title:
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### SPECIAL SKILLS OR QUALIFICATIONS

LANGUAGE PROFICIENCY		<b>LANGUAGE PROFICIENCY LEVEL:</b> <i>Level 1 - Native speaker</i> <i>Level 2 - Near native/ Fluent</i> <i>Level 3 - Excellent command/ Highly proficient in spoken &amp; written</i> <i>Level 4 - Very good command</i> <i>Level 5 - Good command / Good working knowledge</i> <i>Level 6 - Basic communication skills/ Working knowledge</i>
Language: _____	Proficiency Level: _____	
Language: _____	Proficiency Level: _____	
Language: _____	Proficiency Level: _____	

Identify the special skills and qualifications you have acquired from current employment, acquired learning from school/ university, previous volunteer work, or through other activities, including hobbies or sports.

SKILLS (Ex. Photography, Video editing, Programming, Management, Horse Riding, etc.):	HOBBIES/ INTERESTS (Ex. Sports, Travelling, Music, etc.):	COMPETENCIES (Leadership ability, Cooperative, Hardworking, etc.):
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

**Please ensure to fill in all the fields completely and do not leave any blank items. Thank you.**

### OTHER INFORMATION

1. Have you ever offered your services as a volunteer?  Yes  No  
If yes, what volunteer services have you offered and when?

2. How did you know about our Volunteer Program?

Brochure  Friends  Internet  Newspaper  Social Media  Television

3. Please check if you have the following medical conditions:

Anemia  Breathing difficulty  Hearing problem  Leg cramps  Ulcer  
 Asthma  Chest pain  Heart disease  Seizures  Vision problem  
 Bleeding tendencies  Diabetes  High blood pressure  Stroke  
 Others, please specify \_\_\_\_\_

4. Do you have a valid Qatari driver's license?  Yes  No

5. In case of uniform provision, please provide your t-shirt size.

Small  Medium  Large  X-Large  XX-Large

### AGREEMENT

By submitting this application, I affirm that the facts set forth in it are true and complete.

Agree  Disagree

Today's Date (mm-dd-yyyy):

*Our Volunteer Program welcomes all individuals inside or outside Qatar, Gulf Regions and other countries to participate in our various events.*

*Thank you for completing this application form and for your interest in volunteering with us.*