



APPLICATION FOR VOLUNTEERING

» NMR

First name:	Last name:	Email address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone number:	Street and house number:		
<input type="text"/>	<input type="text"/>		
City:	Postcode:	State:	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Volunteer role that I am applying for:

Amount of time I am able to give and when:

I am a member of a team of volunteers:

Yes: No:

If you have answered "Yes". What are the names of the team members?

Reasons why I want to volunteer with the Evangelical Association of Malawi:

Skills, qualifications and experiences that I have and that are relevant for my volunteering role:

How I became a christian:

Details of two people (not relatives) who know you well and can be contacted to give a reference:

Ref. 01 » First name:	Ref. 01 » Last name:	Ref. 01 » City	Ref. 01 » Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ref. 01 » Phone number:	Ref. 01 » Email address:
<input type="text"/>	<input type="text"/>

Ref. 01 » Relationship (e.g. colleague, minister):

Ref. 02 » First name:	Ref. 02 » Last name:	Ref. 02 » City	Ref. 02 » Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ref. 02 » Phone number:	Ref. 02 » Email address:
<input type="text"/>	<input type="text"/>

Ref. 02 » Relationship (e.g. colleague, minister):

» Send the completed form to volunteer@eamalawi.org