

Plenty International - Volunteer Application

This application is for screening purposes only. Please fill out and send to:

Plenty International
PO Box 394
Summertown, TN 38483

Date: _____

Contact information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Please list two references and contact numbers: _____

General Information:

Dates and length of time you are available to volunteer: _____

Plenty Programs of interest: _____

Skills you are able to share and/or teach (ie: organic gardening, food production, small business, photography, computer applications, literacy training, construction, etc):

Your educational background (ie: degrees, certificates, special training received):

Previous teaching or training experience, if any: _____

Previous international travel, volunteer or work experience and dates: _____

Languages spoken (indicate whether you are fluent, conversational, or beginner level):

Have you ever been convicted of any crime? Please explain: _____

Are you able to pay for your round trip travel costs to the project site and living expenses while volunteering? (Cost of airfare, housing, food varies depending upon the project site – consider an average of \$500 for travel and \$500/mo for living expenses) Yes No

Reasons for wanting to volunteer: _____

How did you hear about Plenty? _____

Medical:

What is your overall level of physical fitness? (ie: excellent, good, fair, poor):

Do you have any physical conditions that might affect your ability to volunteer? If so, please explain: _____

EMERGENCY CONTACT INFORMATION

Name of Volunteer: _____ Date: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Country: _____

Day Phone: _____ Night phone: _____

The following information may be needed by medical personnel:

Allergies to medicine, food, etc: _____

Are you taking any medications? If so, which ones: _____

Physical conditions such as chronic illnesses: _____

Date of last tetanus shot: _____

Other information: _____

Personal Physician:

Name: _____

Address: _____

City: _____ State: _____ Country: _____

Day Phone: _____ Night phone: _____

Personal Health Insurance Coverage:

Company: _____ Policy Number: _____

Phone number: _____