

IIMGC VOLUNTEER APPLICATION FORM

Please attach a
passport-size
photograph

Passport Number:

Expiry Date (DD.MM.YYYY):

First Name:		Surname:	
Nationality:			
Full Postal Address :			
		Post Code:	
Telephone No:		E-mail:	
Date of Birth:		Gender:	
Anticipated arrival date to P-site:		Anticipated departure date from P-site:	

Contact person in case of emergency:

First Name:		Surname:	
Relationship:			
Full Postal Address :			
		Post Code:	
Telephone No:		E-mail:	

Personal Information:

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IIMGC Volunteer and Commission Administrator
No. 6 Cairo street, Wuse II, Abuja.
Phone: (234) 09099100287 (234) 080331563414
Email: iimgcvol@gmail.com | info@iimgc.org
www.iimgc.org

IMPERETIVE INITIATIVE FOR MOTIVATION OF GLOBAL CARE (IIMGC) TOUCH OF CARE.

List any allergies or/and any health issue that you currently have.	
List any special dietary needs that you have.	
Which languages do you speak or read?	
List any skills you have as well as any training that you have had which will be applicable to your volunteer work.	
Which specific volunteer project posted at IIMGC are you interested in?	
What is your current membership status? Do you belong to any group? Provide us with the address of the group, denominational affiliation, and the name of the group.	
Briefly list your past memberships, as well as any ministry experience you have.	
Can you list one person associated with IIMGC with whom you have had contact?	
Have you done voluntary work before?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
If yes, please state briefly where, when, for who and what you have done,:	
Are you fully insured for Health/Accident/Travel/Repatriation?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
If not currently, do you intend to be fully insured for Health/Accident/Travel/Repatriation for the time you are in project site?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Have you read the Information Sheet for Volunteers which is available at our website, and do you accept its contents? (especially the areas related to visas, anticipated costs, and conduct while on project site)	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Disclaimer for Membership/Volunteers:

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IMPERETIVE INITIATIVE FOR MOTIVATION OF GLOBAL CARE (IIMGC) TOUCH OF CARE.

IIMGC makes every endeavour to provide a safe and secure working environment for all volunteers and not to ask any volunteer to perform tasks beyond the competency of the volunteer, or without appropriate training and supervision. However, every volunteer must take care for their own safety and well-being and the safety and well-being of others around them. Volunteers should not undertake tasks for which they do not feel competent or do work or work in situations at IIMGC where they do not believe their own safety is assured. Volunteers must act in a reasonable and safety-conscious way at all times.

Do you agree with the Disclaimer for Membership/Volunteers?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
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The IIMGC Directorate Request concerning Membership/Volunteer Support Agreement:

The IIMGC Directorate requests that volunteers are not allowed not give any means of financial support from project funds to individuals/family/friends or for personal use. IIMGC members do not have any right to pay off any debts IIMGCs funds without the direct consent of the Project Coordinator. No IIMGC member should use funds allocated to him/her for any particular purpose other than the intended purpose. Any help Volunteer/Member wish to give to any members for their support or career development must be channelled through IIMGC and be discussed with the Director of IIMGC.

Do you agree with the IIMGC Directorate Request concerning Membership/Volunteer Support Agreement?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
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Declaration of Truth:

I declare that the above information is accurate to the best of my knowledge.

Applicant's Signature:		Date:	
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Signature of Recommendation Name of Guarantor		Date:	
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Name of Sponsoring Body (if appropriate)			
Official Signature Sponsoring Body (if appropriate)		Date:	

Office Use Only

Checked form: Signature:		Date:	
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