



مؤسسة تحقيق أمنية - الإمارات العربية المتحدة

Volunteer Application Form

Make-A-Wish Foundation® United Arab Emirates
Head Office - Villa 7, 8th Street, Khalidiya
PO Box 771, Abu Dhabi, UAE
Office +971 2 666 5144

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<http://www.makeawish.ae>

Volunteer inquiries: volunteer@makeawish.ae
General inquiries : info@makeawish.ae

September 25, 2017

For Office use only

Volunteer Name

Volunteer ID

Date

Interview Status

Documents

- Resume
- Passport
- Residency visa
- Emirates ID
- Recent Photo

**Please fill
all the
fields.**

Personal Details

Please specify: Mr. Mrs. Ms.

Name

Address

Emirate Date of Birth Nationality

Do you visit any other Emirates frequently? (If yes, when?)

Contact Details

Mobile WhatsApp Home

Email Address

The Preferred way of Communication?

Mobile Whatsapp Email SMS
 Other (Please specify)

Do you hold a UAE driving license?

Yes No

Do you have a car?

Yes No

In case of Emergency, who should we contact?

Name

Phone number

Relation

Employment Details

**Please fill
all the
fields.**

Employer Name _____

If possible, please attach an NOC to this application.

Emirate _____

Address _____

Email Address _____

Phone Number _____

May we contact you at work? Yes No

If yes, The Preferred way of Communication at Work?

Mobile

Whatsapp

Email

SMS

Other *(Please specify)*

Education and Skills

Please provide a brief summary of your Education / Skills and Experience.

Fluent Languages

English

Arabic

Urdu

Other *(Please specify)*

What type of volunteer opportunities you are most interested in?

Wish Interviews

Arts & Crafts

Computer H/W - S/W

Wish Design

Baking & Cooking

Marketing

Public Events

Professional Writing

Graphics Design

Photography

Translation

Microsoft Office

Office Work

Other *(Please specify)*

Volunteer and Community Involvement

How did you hear about Make a Wish Foundation?

Do you have any volunteering experience? Yes No
If yes, please list (*start with the most recent experience*)

Organization Name

Location _____

Date of Service _____

Supervisor's Name & Title _____

Position & Responsibilities _____

Organization Name

Location _____

Date of Service _____

Supervisor's Name & Title _____

Position & Responsibilities _____

When are you available for volunteer activities?

- Sunday Monday Tuesday Wednesday Thursday Weekend
 Mornings Evenings

Will you be interested in volunteering with Make a Wish in other Emirates?

- Yes No

Personal References

Please provide three **non-family** references -not mandatory-

**Only
Signature
and Date
required.**

Name _____
Telephone Number _____
Address _____

Name _____
Telephone Number _____
Address _____

Name _____
Telephone Number _____
Address _____

If you would like to include additional information about yourself, please do so on the back of this form.

I HAVE COMPLETED AND REVIEWED THIS ENTIRE FORM AND ATTEST THAT THE INFORMATION PROVIDED IS TRUE. ADDITIONALLY, I UNDERSTAND THAT CERTAIN VOLUNTEER POSITIONS MAY REQUIRE THE COMPLETION OF A CRIMINAL BACKGROUND CHECK.

Applicant Signature _____ Date _____

Applicant under the age of 18

To be completed by the Parent / Guardian of the applicant

**Guardian
signature
if under
18 years.**

I hereby acknowledge that my child, who is under the age of 18, will be volunteering for Make-A-Wish Foundation of UAE, and provide my approval for him/her to do so.

Parent / Guardian _____
Name

Parent / Guardian _____
Signature

Date _____

Make-A-Wish Foundation® UAE
The Volunteer Department
Make-A-Wish Foundation®
PO Box 771, Abu Dhabi, UAE
khalideya villa 7, 8th Street
(02) 666 5144
volunteer@makeawish.ae

Volunteer Consent and Release

**Signature
and Date
required.**

Name _____

The volunteer position you have applied for upholds considerable responsibilities. You may be entrusted with valuable assets of the Foundation, most importantly our wish children and wish families. As a condition of your potential service to the Foundation as a volunteer, we may perform a background investigation. Your participation in this process is voluntary; however, if you choose not to sign this release, you may be eliminated as a possible candidate for the position you have applied for.

ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL

I hereby authorize the Make-A-Wish Foundation® of United Arab Emirates to schedule and complete a personal background check, including a criminal history,

Do you have any prior names or surnames? Yes No
 If yes, please list name(s) _____

Date of Birth _____ Place of Birth _____

UAE Driver's License # _____

Passport # _____

Residency Visa # _____ Expiry _____

Signature _____ Date _____

Please submit the below documents with the Application

- Updated Resume
- Copy of your Passport
- Copy of your Residency visa
- Copy of your Emirates ID
- Recent photo