

VI. Jobs/Skills and Qualifications (Please check all that apply)

<input type="checkbox"/> M.D./Nurse(_____)	<input type="checkbox"/> Marketing/Management consultant	<input type="checkbox"/> Educator(_____)	<input type="checkbox"/> Artist(_____)
<input type="checkbox"/> Accountants	<input type="checkbox"/> Therapist (_____)	<input type="checkbox"/> IT/Engineer	<input type="checkbox"/> Photographer
<input type="checkbox"/> Lawyer	<input type="checkbox"/> Social worker	<input type="checkbox"/> Chef(_____)	<input type="checkbox"/> Other(_____)

V. Volunteer Experience

Yes

No (If no, please skip this section)

Start Date and End Date	Organizations	Responsibilities

VI. Days/Hours Available (we encourage you to join us at least 2 hours per week.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	-	-	-	-	-	-	-
Afternoon	-	-	-	-	-	-	-
Evening	-	-	-	-	-	-	-

VII. Volunteering Period

Start Date : _____ End Date : _____ Period : 3-5 months 6-8 months 9-11 months over 1 year

VIII. Self expectation/goal for joining Herald Volunteer Fellowship

IX. Expectation to Herald Volunteer Fellowship

X. How did you know Herald Volunteer Fellowship?

Public _____ Media _____ Herald Co-workers _____ Relatives _____ Other _____

XI. Personal Picture (for database record and management)

Self-provided photo I don't have photo but I can assist Herald to take one I don't have photo and I don't want to provide

XI.I Reference (Please list two people as your reference, they should know you at least one year. One of them should not be your friend. Ex: your parents, teachers or internship supervisors, etc..)

	Name	Contact Number	Email	Relationship
Reference 1				
Reference 2				

I understand the personal information I provided above will be used for Herald Volunteer Fellowship and related matter. All information will be kept confidentially by Herald.

Applicant's Signature :	Date :
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Internal Use :

Interview 1 :	
Department Transferred :	Transferred Date :
Interview 2 :	
Co-worker's Signature :	Date :