VOLUNTEERING APPLICATION FORM

For School Of Life in Indonesia

Name:	[First Name:		Surenar	me:			
Place, Date of Birth:		Place; Date of			birth:			
Phone Number:		Country code: Phone			Number:			
E-Mail:								
How do you want to be contacted:		Per E-mail		Per Post		Per Phone		
Address:	Street Address:							
		City:		Postal Code:		Country:		
Volunteer Experience:		Year, Duration:						
		Description:						
		*more blank space please	continue in page	2				
Language*: *English is minimum *Bahasa Indonesia is not a must								
Please indicate areas	ſ							
to your skills		Administration / Organizational skills			Health			
		Arts and Entertainment			Leadership			
(you may choose more than one*) *the more the better		Computer / IT			Music instruments			
		Cooking, Baking Craftmanship skill			Sports and Activities			
					Other skills, please specify:			
		Engineering and Sciences						
		Farming and rand	ch					
Please write your	٦							
motivation, why you want to be a volunteer								
want to be a volunteer								

¹ Disclaimer: Your personal information its only for internal use and will not be published and/or shared to any third party. School of life Indonesia is not responsible for any possible misuse from other parties outside School of life Indonesia. This form and any files transmitted with it are confidential and intended solely for the use of the school-of-life Indonesia. This form contains confidential information and is intended only for the individual named.

Additional Note:				
knowledge and belief. In	the particulars information in this application are true, correct and complete to the best of my in the event of any information being found false or incorrect or ineligibility being detected innation, action can be taken against me.			
Place and Date				
Signature:				
Name:				