Volunteer Application Form

Please return this form electronically if possible.

If completing by hand please print clearly.

All information gathered will be kept confidential and will be used only by MERMT.

General Information		
Last Name:	First Name:	
Nickname:	Gender: M ☐ F ☐	Middle Name(s):
Address:		Date of Birth (DD/MM/YYYY): *Age:*
City:	Province/State:	Postal Code:
Country:	Home Phone:	Work Phone:
E-mail Address:		
Preferred contact method:		
Do you have a valid drivers licence? Yes ☐ No ☐	Licence class:	Licence number:

Have you ever been convicted of a criminal offence? Yes ☐ No ☐ Offence: Date:

Please explain:

Area(s) of Interest					
	Medical		Mine Clearance		Presentations/Public Speaking
	Security		Transportation		Clerical/Administration
	EOD		Training/Facilitation		Other:

Past Experience

Previous volunteer experience? Yes ☐ No ☐ Length: Organization: Position:

Previous Humanitarian work? Yes ☐ No ☐ Length: Organization: Position:

Type of activities, duties, and responsibilities you had in previous volunteer, and or humanitarian work:

Can you work well in a TEAM environment Yes ☐ No ☐

Why should we pick you, what can you add and bring to the team?

Qualifications

Do you have any medical experience: Yes ☐ No ☐ Level of training: Length:

Do you have any military experience? Yes ☐ No ☐ Length: Occupation:

What relevant training or qualifications do you have for area of interest (e.g. Military, Medical, Security, EOD, Accounting...)?

Commitment					
☐	Less than 6 months	☐	6 months to 1 year	☐	Ongoing

Please provide 2 personal, and 2 professional references.

NOTE: They will be contacted to confirm the information you provided on this application form.

Name:	Relationship:	Phone number:
Name:	Relationship:	Phone number:
Name:	Relationship:	Phone number:
Name:	Relationship:	Phone number:

☐	Other (Please Explain):

APPLICATION CHECK LIST

Please make sure you include ALL the following items with your application, so there will no delays in processing it.

☐	High resolution scan of Government issued Photo ID.	☐	Copies of your valid Certifications and Qualification.
☐	Valid Criminal background check with vulnerable sector from the federal or state Government where you live.	☐	Completed and signed application form

☐ By checking this box **I certify that** the information in this form is correct and complete. I give my permission to the Multinational Emergency Response Medical Team (MERMT) to verify if required, the criminal record check and/or a qualifications I have listed and/or other program specific checks may be required.

Applicant's Signature*

Date (DD/MM/YYYY)

Official use only

Contact	Date	Time	MERMT
R1			
R2			
R3			
R4			

Last updated January 2016