The Volunteer Sri Lanka Project

**Volunteer Questionnaire - please complete and return by email**

# Name:

# Gender:

#

# Address:

**Nationality:**

**Age:** **Date of Birth:**

**Email address:**

**Would you be happy for your email to be given to other potential volunteers after your assignment?**

**How did you hear about our Project?**

**Current working/studying background and relevant qualifications. Medical/Doctor students must provide evidence of at least 3 years successfully completed study from the School of Medicine at which they are studying:**

**Please describe your particular interest:**

**Why do you want to come to the Project? What are your personal goals in volunteering with us?**

## Skills/Experience relevant to the Project:

**What experiences have you had with other cultures?**

**Length of stay (please give the dates you wish to volunteer):**

**We encourage volunteers to try to bring items for the projects, such as books, games, stationery - is this something you can do? (This is not a condition for acceptance. If you would like a list of small, appropriate items to bring please indicate that.)**

**Please tell us why you wish to come to Sri Lanka and what drew you to our project – please use the box below.** **Please don’t worry if your application runs into a second page.**