



## Philippine Institute for the Deaf

A project of the **SERGIA G. ESGUERRA MEMORIAL FOUNDATION, Inc. [SEMFI]**

A Non Profit Non Stock Educational Institution Since 1988

**Where Deaf Children Learn To Speak. Read. Listen. Lin Read and Succeed**

### VOLUNTEER WORK

**Annual Recital** [Production Work, Set Design & Props, Costumes, Show Management, Foods, Reception, Etc.]

**School Year End** [Awards & Recognition Event, School Program, Preparation for Summer School, Etc.]

**Summer Programs** [Workbooks, Readiness for New School Year, Summer Activities, Repairs, Etc.]

**School Year Opening Activities** [Enrolment, Readiness of Books & Other Educational Materials, Etc.]

**Quarterly Goals** [Q1: June-Aug; Q2: Aug-Oct; Q3: Oct-Dec; Q4: Jan-March; Remedial & Tutoring, Etc.]

**Special Events** [June-Environment, July-Health & Nutrition Month, Aug-Lingo ng Wika, Sept-Foundation Day]

CHECK BOX of Volunteer Work Chosen      Dates Pledged \_\_\_\_\_      Number of Hours \_\_\_\_\_

Date \_\_\_\_\_      Name \_\_\_\_\_      Nickname: \_\_\_\_\_

Address \_\_\_\_\_      City \_\_\_\_\_      Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_      CELL# \_\_\_\_\_      E-mail: \_\_\_\_\_

Previous Volunteer Experience : \_\_\_\_\_

Occupation (Current/Past occupation) \_\_\_\_\_

Other information that will help us make a good match (such as education, general interests/hobbies)

OBJECTIVES FOR VOLUNTEERING: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Availability and Volunteer Assignment Preferences Please Check All That Are Applicable:

I Am Available Mornings (Mon-Fri)       Afternoons (Mon-Fri)

Do You Have a Valid ID or Driver's License?  Yes       No

License Number: \_\_\_\_\_      Vehicle License Plate Number \_\_\_\_\_      Insurance Company:

\_\_\_\_\_      Policy# \_\_\_\_\_

Have You Ever Been Convicted For Violation of Any Laws, Traffic or Otherwise?       Yes       No

If Yes, Please Explain: \_\_\_\_\_

Do You Have Any Physical Condition that May Limit Your Activities?  Yes       No

If Yes, Describe: \_\_\_\_\_      Who To Notify In Case Of An

Emergency? \_\_\_\_\_      Telephone Number: \_\_\_\_\_

**References:**[Please list 3 persons we may call who are NOT family or friend, may be religious leader, teacher, employer etc.]

Name \_\_\_\_\_      Phone \_\_\_\_\_      Relationship \_\_\_\_\_

Company or Address \_\_\_\_\_      Phone: \_\_\_\_\_

Name \_\_\_\_\_      Phone \_\_\_\_\_      Relationship \_\_\_\_\_

Company or Address \_\_\_\_\_      Phone: \_\_\_\_\_

Name \_\_\_\_\_      Phone \_\_\_\_\_      Relationship \_\_\_\_\_

Company or Address \_\_\_\_\_      Phone: \_\_\_\_\_

Comments: I hereby give my consent to contact my references; and to conduct a background check.

\_\_\_\_\_  
Signature over Printed Name of Applicant

\_\_\_\_\_  
Date

PLEASE FILL OUT SUBMIT THIS "INTENT TO VOLUNTEER" FORM TO – pidmanila@gmail.com