**Volunteer Application**

|  |  |
| --- | --- |
| Full Name: |  |
| Nickname: |  |
| Religion:  |  |
| Address: |  |
| City: |  |
| Post Code: |  |
| Phone Number: |  |
| ID Card Number: (Thai Nationals only) |  |
| Passport Number |  |
| Date of Birth | Click or tap to enter a date. ☐ I am over 18  |
| Nationality |  |
| Visa Type (Urban Light can assist with the paperwork necessary to obtain a Non-O ‘Volunteer Visa’, but the volunteer will be responsible for costs incurred) | ☐ I am a Thai National (not applicable)☐ I already have a Non-O (Marriage/Retirement)☐ I already have a Non-B (Business/Teaching)☐ I am currently in Thailand as a tourist☐ I am not currently in Thailand☐ Other (please specify)  |

*Please attach a scanned copy of your ID. All applications will be required to furnish proof of identity and legal work authority within 3 business days of hire.*

|  |  |
| --- | --- |
| How long will you be able to volunteer for? |  |
| Proposed start date: | Click or tap to enter a date. |
| Proposed end date: | Click or tap to enter a date. |
| Are you legally eligible to work in Thailand?  | Yes ☐ No ☐ |
| Are you currently living in Thailand?  | Yes ☐ No ☐ |
| Languages Spoken:ThaiEnglish | ☐ Listening ☐ Speaking ☐ Reading ☐ Writing☐ Listening ☐ Speaking ☐ Reading ☐ WritingOther (please specify) |

|  |  |
| --- | --- |
| Position you are applying for: |  |
| Have you ever been previously employed with this organization?  | Yes ☐ No ☐ If yes, please explain: |
| Are you available for full-time work?  | Yes ☐ No ☐If no, what hours / days can you work?  |
| Can you work overtime, if required? | Yes ☐ No ☐ |
| How did you first hear about Urban Light? |  |

**EDUCATION**

|  |  |
| --- | --- |
| Highest Level of Education  | ☐ High School ☐ College ☐ Bachelor’s/Undergrad degree ☐Master’s/Postgrad degree ☐ PHD/Doctorate |
| High school  |  |
| Location |  |
| Did you graduate? | ☐ Yes ☐ No (explain) |

|  |  |
| --- | --- |
| College / University |  |
| Location |  |
| Subject of Study: |  |
| Dates Attended: | From Click or tap to enter a date. to Click or tap to enter a date. |
| Did you graduate? | ☐ Yes ☐ No (explain) |

|  |  |
| --- | --- |
| Graduate School or Vocational / Technical / Business Training: |  |
| Location |  |
| Subject of Study: |  |
| Dates Attended: | From Click or tap to enter a date. to Click or tap to enter a date. |
| Did you graduate? | ☐ Yes ☐ No (explain) |

|  |  |
| --- | --- |
| Other relevant qualifications |  |
| Location |  |
| Subject of Study: |  |
| Dates Attended: | From Click or tap to enter a date. to Click or tap to enter a date. |
| Did you graduate? | ☐ Yes ☐ No (explain) |
| Additional Details/Comments |  |

|  |  |
| --- | --- |
| Have you ever been convicted of a crime? |  ☐ No ☐ Yes (please explain) |

**Note: Conviction is not an automatic bar to consideration for employment with Urban Light.**

**EMPLOYMENT HISTORY**

Please list all employment in the past ten years, most recent job first; include military service. Attach additional pages if you require more space.

|  |  |
| --- | --- |
| Name of Employer |  |
| Type of Business: |  |
| City, State: |  |
| Phone: |  |
| Supervisor’s name: |  |
| Supervisor’s email address: |  |
| Your position: |  |
| Your duties: |  |
| Employment dates: | From Click or tap to enter a date. to Click or tap to enter a date. |
| Reason for leaving |  |
| Starting salary |  |
| Ending salary |  |

|  |  |
| --- | --- |
| Name of Employer |  |
| Type of Business: |  |
| City, State: |  |
| Phone: |  |
| Supervisor’s name: |  |
| Supervisor’s email address: |  |
| Your position: |  |
| Your duties: |  |
| Employment dates: | From Click or tap to enter a date. to Click or tap to enter a date. |
| Reason for leaving |  |
| Starting salary |  |
| Ending salary |  |

|  |  |
| --- | --- |
| Name of Employer |  |
| Type of Business: |  |
| City, State: |  |
| Phone: |  |
| Supervisor’s name: |  |
| Supervisor’s email address: |  |
| Your position: |  |
| Your duties: |  |
| Employment dates: | From Click or tap to enter a date. to Click or tap to enter a date. |
| Reason for leaving |  |
| Starting salary |  |
| Ending salary |  |

|  |  |
| --- | --- |
| Within the past ten years, have you been terminated or asked to resign?  | ☐ No ☐ Yes (please explain) |
| If you answered, “Yes” please provide employer, dates and circumstances: |  |

Urban Light will contact prior employers to obtain references regarding work history, conduct and suitability for employment.

|  |  |
| --- | --- |
| May we contact your present employer?  | ☐ Yes ☐ No  |

**REFERENCES**

Please provide a minimum of three (3) references from your previous employers, educational institutions or spiritual mentor/advisor). Please do not specify personal friends or relatives.

|  |  |
| --- | --- |
| Name: |  |
| Job Title: |  |
| Organization Name |  |
| Relationship to You: |  |
| Phone Number |  |
| Email Address: |  |
| How many years have you known each other? |  |

|  |  |
| --- | --- |
| Name: |  |
| Job Title: |  |
| Organization Name |  |
| Relationship to You: |  |
| Phone Number |  |
| Email Address: |  |
| How many years have you known each other? |  |

|  |  |
| --- | --- |
| Name: |  |
| Job Title: |  |
| Organization Name |  |
| Relationship to You: |  |
| Phone Number |  |
| Email Address: |  |
| How many years have you known each other? |  |

**GENERAL SKILLS**

|  |  |
| --- | --- |
| Language skillsThaiEnglishAkhaLahuBurmese | ☐ Listening ☐ Speaking ☐ Reading ☐ Writing☐ Listening ☐ Speaking ☐ Reading ☐ Writing☐ Listening ☐ Speaking ☐ Reading ☐ Writing☐ Listening ☐ Speaking ☐ Reading ☐ Writing☐ Listening ☐ Speaking ☐ Reading ☐ Writing |
| Other (please specify) |  |

|  |  |
| --- | --- |
| Computer Skills Typing SkillsMicrosoft WordMicrosoft PowerPointMicrosoft ExcelAdobe PhotoshopAdobe InDesignMicrosoft PublisherAdobe IllustratorPhotographyFilmmaking/editingSocial MediaWeb designSPSS data analysisOther Data analysis software | ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No Experience☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No Experience☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No Experience☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No Experience☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No Experience☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No Experience☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No Experience☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No Experience☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No Experience☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No Experience☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No Experience☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No Experience☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No Experience☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No Experience |
| Other (please specify) |  |

|  |  |
| --- | --- |
| Driving CarMotorbike | Do you have an international or Thai driving license? (valid in Thailand)Yes ☐ No ☐ Yes ☐ No ☐  |

**QUESTIONS**

1. **Why Urban Light? And why you?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What do you hope to accomplish when working for Urban Light?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **How is your previous experience applicable to the work we do here?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **How would you form close and healthy relationships with our target population?**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What kinds of problems do you like to handle or have experience with?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Describe an unexpected, stressful, or difficult situation regarding human interaction that you’ve experienced in your past. How did you handle the situation?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What is your definition of homesickness? What factor/s cause this to occur? Have you ever experienced homesickness? If so, how did you deal with it? If not, how do you think you would deal with it?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Is there anything you would like us to know about your sexual orientation or gender itentity/expression?(This question is optional) |  ☐ No ☐ Yes (please explain) |

For example, your preferred pronouns, any measures you would like us to take to help you feel safe and supported?

|  |  |
| --- | --- |
| Do you have any physical disabilities or neurodivergencies that you would like us to know about?(This question is optional) |  ☐ No ☐ Yes (please explain) |

For example, if you are might need physical assistance sometimes, are disabled but do not require physical assistance, or if there are other ways in which we can support you (sensory, time management, prefer to avoid certain activities or tasks)?

**STATEMENT OF AUTHORISATION**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) verify that all of the information on this application and attachments is true, correct and complete. I have not withheld any information reprimand or omitted information will result in rejection of my application, reprimand or termination from employment, whenever discovered.

I authorize Urban Light and its agents to confirm all information provided on this application and attachments (including resume) and to investigate my suitability for employment. I agree to finish additional information if requested. I release Urban Light and all persons and organizations from any claims, liabilities or damages from obtaining or famishing information about me.

This application is not a job offer or employment contact with Urban Light for any specific time period. If hired, my employment will be for an indefinite time period and I may resign or be terminated by Urban Light at any time without notice or requirement of cause.

I further understand and agree that no employee or official of Urban Light has any authority to alter the term of my at-will employment through oral statements or promise. In order to be binding on Urban Light any agreement or promise that alters this policy must be in writing and signed by the head of your division.

Any conditional offer of employment by Urban Light is subject to successful completion of all employment requirements including but not limited to verifying employment and personal references.

If employed, I agree to abide by and comply with all of Urban Light policies, rules and procedures.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_