



# Volunteer Screening Form

*All information provided is strictly confidential.*

Please circle: Mr. Mrs. Ms.		Date:
Surname:	First Name:	
Postal Address:		
Street Address:		
District of Residence:		
Date of Birth:		

<b>CONTACT NUMBERS</b>	Home:	Work:	Cell:
Fax:	E-mail:		

<b>AVAILABILITY</b>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							
Volunteer off-site/remote location							

How far in advance should we notify you of a volunteer opportunity? \_\_\_\_\_

<b>Current Job Title:</b>	<b>Current Occupation:</b>	<b>Current Employer:</b>
<b>If you are a student, please indicate your present level</b>		
<b>Name and type of institution:</b>		<b>Number of years attended:</b>

Languages spoken and/or written: \_\_\_\_\_

Do you have access to a car?                      YES                      NO

Why have you chosen to volunteer at this particular time in your life? What are you hoping to gain from volunteering with the Estella Scott-Roberts Foundation?

---

---

---

---

What life and/or employment experiences have you had that may be useful to you while volunteering with the Foundation? \_\_\_\_\_

---

---

---

---

Please indicate what volunteer work you have done previously, with what organisation(s) and for how long:

Organisation Name	Location	Tasks	Length of Time

Please highlight or circle the areas which you are most interested in helping the Estella Scott-Roberts Foundation with:

Fundraising Activities

Assisting with Educational Workshops/Presentations

Set-up/Clean-up of events

Administrative Work

Creation and Distribution of Educational Information

Research on relevant topics

Other:

---

Please describe any skills/hobbies you have that may be beneficial to the Foundation:

---

---

---

Please provide information for two references (professional and/or character only):

Name	Relationship	Phone Number

I understand that the purpose of this application is to ensure my skills and interests are matched with the needs of the Estella Scott-Roberts Foundation. Therefore, as a potential volunteer, I understand that not everyone who applies is accepted as a volunteer.

I agree to attend any training and/or orientation required of me. I agree to abide by any rules and policies set out by the Estella Scott-Roberts Foundation. I agree for the Estella Scott-Roberts Foundation to check my references. I agree that I am volunteering my time and/or talent and therefore am not considered a board member or employee of the Estella Scott-Roberts Foundation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR FOUNDATION USE ONLY	
Interview date:	Assignment:
Orientation date:	
Start date:	Reference check:

Please return to:

The Estella Scott-Roberts Foundation  
P.O. Box 84  
Grand Cayman KY1-1501  
CAYMAN ISLANDS  
Email: [esrfoundation@gmail.com](mailto:esrfoundation@gmail.com)  
Tel: 345-938-6300