

Kalachakra for World Peace 2011

VOLUNTEER APPLICATION FORM

Please note: Because of high demand for tickets, we cannot offer free seating to our Volunteers.

Volunteer Registration Number (to be assigned by the Volunteer Coordinators) _____

Personal Information (Please complete all areas. Thank you)

Title: Mr. ___ Mrs. ___ Ms. ___ Other ___

First Name _____

Last (Family) Name _____

Address _____

Home Phone No. _____

Business Phone No. _____

Cell Phone No. _____

Fax No. _____

Email _____

Date of birth (mm/dd/yy) _____

Citizenship / Nationality : (what passport do you carry) _____

Education (Please check the highest completed education.) _____

High School _____ University/College _____

Work Experience

Team Leading _____

Fundraising _____

Customer relations _____

Medical care / Nursing _____

Art, Design and other creative forms _____

Event co-ordination Sales / Business _____

Childcare _____

Security _____

Management / Office _____

Catering _____

Engineering / Technical (Please specify) _____

Other special skills or experiences _____

Driver's license _____

Will you have a car, truck, or van available to use during the Kalachakra? _____ which type of vehicle _____

IT- knowledge

Are you experienced in using any of the following?

MS Outlook

MS Excel

Other _____

Language knowledge

Tibetan Verbal _____ Written _____

English Verbal _____ Written _____

Other _____ Verbal _____ Written _____

Availability (Please answer each question.)

1. How many days would you be available to volunteer for the Kalachakra 2011? _____

2. Can you help BEFORE the program? (up until July 6)

Yes No

If yes, please specify dates on which you will be available to help? _____

3. Can you help DURING the program? (July 6 through 16)

Yes No

If yes, please specify dates on which you will be available to help? _____

4. Can you help AFTER the program? (July 16 evening)

Yes No

If yes, please specify dates on which you will be available to help?

5. Can you work during the teachings and the initiation?

Yes No

6.. Do you have previous volunteer experience at Kalachakra initiations?

7. What would be your preferred type of work at the Kalachakra? _____

8 .Please describe any physical limitation you might have, such as difficulty standing for long periods of time, or climbing steps: _____

9. Are there any special abilities you have that you think would be helpful and would like us to know about? _____

Date: _____ Signature _____

- Personal information provided will be kept confidential.
- Submission of application does not guarantee the applicant a volunteer position.
- Only selected applicants will be contacted and asked to submit 2 passport sized photos.
- Kalachakra 2011 will not be in a position to help the volunteers in the matter of tickets, travel or accommodation.
- The Kalachakra Organizing Committee thanks all applicants.