

Volunteer/Internship Application Form

A. PERSONAL DATA

1. SURNAME: _____
Names: _____ Initials: _____ Title: _____
Occupation: _____ Age: _____
2. ADDRESS: Postal _____
Street & Number _____
City _____ Code _____ Country _____
3. PHONE NUMBERS: Work: _____
Home: _____
Cell: _____
Email: _____
4. ID Card: _____ Passport/Id No.: _____
5. MARITAL STATUS: ☐ Single ☐ Engaged ☐ Married
SPOUSE: Name _____ Occupation _____
6. PLEASE SELECT YOUR ENGAGEMENT TYPE:
☐ Volunteering ☐ Internship
7. RELIGIOUS AFFILIATION: _____
8. DIETARY RESTRICTIONS/FOOD ALLERGIES: _____
(We provide a daily Thai lunch meal.)
9. LANGUAGE: 1 Good 2 Fair 3 Bad (List mother tongue first)

Language	Speak	Read	Write	Language	Speak	Read	Write

10. VOLUNTEER /INTERSHIP PERIOD:

	Date	Month
From		
To		

11. WHICH ACTIVITIES DO YOU PREFER TO BE INVOLVED IN?

Sport		Manual labor/maintenance	
English		Dance	
Arts and Crafts		Drama	
Bible		Music	
Baking		Painting	
Other (specify)		Other (specify)	

12. AGE GROUPS (age group of children you prefer to work with):

3-6 years	
7-12 years	
12-15 years	

13. EMERGENCY CONTACT PERSON:

Name: _____ Relationship: _____

Phone: _____ Address: _____

14. LIST OF QUALIFICATIONS OBTAINED:

<i>Qualification</i>	<i>Year obtained</i>	<i>Institution</i>

15. CURRENT JOB/EDUCATION FACILITY:

Employer/Business/Institution: _____

Position: _____ Date started: _____

Address: _____

Reference Person: _____

Email: _____

University enrollment: Course: _____

Current year of study: _____

16. Do you have other technical/practical skills that you would like to make available during your volunteer period?

For example:

web design / programming / design work / photography / landscaping / writing a funding proposal etc.

List your hobbies, sports: _____

List what you or others regard as your talents/strengths:

17. Do you have a driver's license? ☐ Local License
☐ International License
☐ Motorbike License

18. Where or how did you hear about ACF? _____

19. Do you have financial means to support yourself during your volunteer period? _____

20. Do you have valid Medical Insurance? _____

Please provide us with the company and contact details _____

21. Where do you plan to stay during your volunteer period? _____

22. Are you willing to serve in agreement with the Asia Center Foundation (Phuket) Purpose?

☐ Yes ☐ No

Statement on last page.

23. What motivated you to volunteer with Asia Center Foundation?

24. ACF CHILD PROTECTION POLICY:

Please take note: It is required that you are able to provide an original police clearance certificate should your volunteer application be successful.

25. CHARACTER REFERENCE:

Please provide us with the details of a person, outside your circle of friends and family, who knows you well enough to be able to act as a reference or provide us with a personal testimonial of yourself.

Name: _____ Title: _____

Representative of Institution name: _____

Address: _____

Email: _____

Phone: H _____ W _____

Did you ever commit a criminal offence of which you were found guilty? ☐ Yes ☐ No

If yes, give details please: _____

26. Is there a person you can refer to as your life mentor? ☐ Yes ☐ No

Name that person: _____

Describe why you see this person as a mentor:

27. Are you willing to do whatever is required to serve others with dignity and respect even though the work may sometimes be difficult, humiliating or unpleasant?

☐ Yes ☐ No

28. CHARACTER PROFILE

We would appreciate it if you could complete the Character Profile that follows to the best of your ability. If there are any questions you do not feel competent to answer, please indicate this next to the question. The contents will be used in your screening process and as a reference for the leadership of Asia Center Foundation only.

Next to each characteristic below tick the applicable column, as you view yourself.
1=Excellent 2=Above Average 3=Average 4=Below Average 5=Bad

1 2 3 4 5

Ability to follow					
Ability to work well with others					
Accountability					
Exemplary well-balanced character					

1 2 3 4 5

Concern for others / compassionate					
Diligence / hard worker					
Openness to new concepts					
Flexibility to change					

1 2 3 4 5

Generosity					
Grateful spirit / positive attitude					
Emotional stability (past)					
Emotional stability (present)					

1 2 3 4 5

Physical health					
Mental health					
Ability to take Initiative					
Judgment / Common sense					

1 2 3 4 5

Leadership potential					
Mental ability/Quick comprehension					
Punctuality					
Reliability/Meet obligations					

1 2 3 4 5

Submission to legitimate authority					
Response to pressure					
Social adaptability					
Teachable spirit					

1 2 3 4 5

Ability to relax					
Servant heart					
Ability to communicate openly					
Open to criticism					

29. What do you regard as your strengths? _____

30. What do you regard as your weaknesses? _____

31. Are you able to work through personal problems without constantly depending on outside help?

32. Do you have any other relevant information about yourself that you think we should know?

Purpose Statement

The Asia Center Foundation is a charitable Christian organization and NGO that exists with the purpose to serve the people of Phuket and neighboring provinces through educational and healthcare projects.

We are targeting communities in need and facilitate and initiate opportunities for transformation to give them a hope and a future.

We are serving alongside government agencies, NGO's, churches and other public organizations to improve the quality of life of all peoples despite their race, religion or gender.

I declare that my motivation is to serve others with dignity and respect and within the boundaries of local and International law as well as within the framework of the Purpose Statement of the Asia Center Foundation (Phuket). I also understand that I am a volunteer and that my services can be terminated if any uncertainty about motivation or character is raised. I also accept that my participation in any activities related to the Asia Center Foundation (Phuket) and its projects is by my personal free will and at my own risk.

Signed at (place): _____

on the _____ day of the month _____ in the year _____

Signature: _____ Witness: _____

Print names: _____

Please return the completed form to Asia Center Foundation by email to info@asiacenterfoundation.org

Thank you for completing this form with honesty!

ADCP 2025