



the
Provo Children's Home

FOR ALL THE CHILDREN OF THE TURKS & CAICOS ISLANDS

Volunteer Application Form

Thank you for your interest in volunteering your time to help with Provo Children's Home. Our Current Volunteer Program requests you volunteer 2 hour once a week at a set day and time between 3pm-9pm.

Please complete all sections of this form to the best of your ability, and contact us at info@pch.tc if you have any questions. Please call [946-4201](tel:946-4201) or [243-3205](tel:243-3205) to arrange the pick-up of your completed form or email info@pch.tc

It is also important that you provide us with a police check from your local police station along with a copy of your passport and TCI status ie Belonger, PRC, Work Permit. We know you will understand that all volunteers have to be vetted before being able to work with our PCH children.

Thank you and we look forward to your future involvement.

Personal Information

Name

Address

Phone number

Gender

male female

DOB:

How much time and when are you willing to commit to volunteering with PCH?

- Once a week
- Once every two weeks
- Once a month
- Once in a while, please explain

List the volunteer opportunities that interest you?

Interacting with kids

- life skills such as cooking, sewing, gardening, swimming, etc
- helping with school work, reading, computers, math, etc
- big brother or sister type work

and-or

- Fundraising
- Donation of services



the
Provo Children's Home

FOR ALL THE CHILDREN OF THE TURKS & CAICOS ISLANDS

Please list the age groups you are interested in working with

- Under 10
- 10-12
- 13+
- All ages
- just boys
- just girls
- both boys and girls

Do you have any special skills or interests that you would be willing to share with the kids? (cooking, art, sports etc)

Please list some of your previous volunteer experience

Do you know any of the children currently in the home? In what capacity?

Is there anything else you would like us to know about you?

References

Please list two references other than family members whom we might contact

Name	Address	Phone Number	Relationship

Volunteer Signature _____ **Date** _____