



Volunteer Application Form

Please use black pen, and write neatly in English using BLOCK LETTERS and tick where applicable

1. Personal details (as appears or will appear in your passport)

Family name Given names

Date of Birth

Title: Mr Mrs Miss Ms Dr other.....

Sex: Male Female

2. Contact Details

Address
.....

Home Phone Office Phone

Mobile..... E-mail

3. Emergency Contact

Emergency Contact Person

Home Phone Mobile.....

3. Work Details (if you are a student please go to Qn 5)

Occupation Employer/institution.....

How long you have been under current employment?

After completing this form please scan and return it by email to ona@onanetwork.org

4. Course Details (*students only to answer this question*)

Course Institution.....

Course Duration..... Which year are you in?.....

5. Passport Details (if you have one)

Passport numberCountry of passport.....

Date of issue Date of expiry.....

6. How did you hear about volunteer opportunities at Ona Network Inc.?

.....

7. What medical, health or other information should we be aware of?

.....

8. Which current volunteer area/s interests you?

Volunteer in Australia

Office work

Fundraising

Any

Volunteer in Africa as

an optometrist

an ophthalmologist

an ophthalmic nurse

an optical mechanic/optical lab technician

practice manager

an Optical dispenser/sales assistant

support staff

Other (please specify).....

9. What volunteering category in Africa are you interested in?

Eye camps (available on specific dates only, see www.onanetwork.org)

Please specify which eye camp you would like to volunteer;

Month..... year

Placement (available throughout the year)

Please specify when you would like to volunteer;

from..... to

10. Signature

Signed: Date

After completing this form please scan and return it by email to ona@onanetwork.org