

Volunteer Services Request Form

GCVSI Department of Volunteer Services,

14501 Empanada Dr
Apt 1801 Houston Texas USA
77083

Email: info@gcvsi.org
Phone: 1- 438 – 229 – 0732 Or +234- 806 824- 4216
Location: Website www.gcvsi.org

Important notes:

1. Please register by email OR mail to the addresses listed above;
2. All applicants will be subject to a criminal record check and all references will be duly checked;
3. Any candidate selected after the analysis of his file will have to pass an oral interview before a decision is made;
4. All successful applicants will be required to take part in an orientation/training session.

IDENTIFICATION

Name		Surname	
Maiden name		Date of birth (YYYY/MM/DD)	
Address			
Town		Province	Code postal
Telephone		Cellular	
Email adikgeorge@gmail.com			
Languages <input checked="" type="checkbox"/> French <input checked="" type="checkbox"/> English <input type="checkbox"/> Other(s) specify:			
In school? <input type="checkbox"/> Not <input checked="" type="checkbox"/> Yes <input type="checkbox"/> if yes, specifies			

REFERENCES (PLEASE INDICATE TWO REFERENCES OTHER THAN A FAMILY MEMBER)

1 Name and surname T	2 Name and surname
Phone or cell phone	Telephone or
Email	Email
Relationship with you	Relationship with you

EMERGENCY CONTACT PERSON

Name	Surname
Telephone (day)	Telephone (evening) or
Relationship with you	

TELL US ABOUT YOURSELF

Work experience| Education:

Expériences Specify _____ years _____

WHAT TYPE OF FUNCTION DO YOU WANT TO PERFORM?

- ☒ COVID-19 Prevention Protocols ☐ Administration ☐ Phone Calls ☐ Ambassadors (welcome, information)
☐ Auxiliary Clinical Assistant ☐ Research and Data Collection ☐ Child Psychiatry/Care ☐ Accompaniment
☒ Emergency Humanitarian Officer ☐ Legal Services ☒ Mental Health ☐ Antenatal and Postnatal care
☒ Patient Care and Supportive Roles Advisors ☐ Laboratory Support and Community Texting/Follow up ☐
☒ Hospital Living Program ☐ Hope > Life Program (Supporting Cancer/End of life Patients) ☐ Fundraiser

Do you have any restrictions that could affect you in your volunteer work? If yes, please specify: _____

Availability	Monday	Tuesday	Wednesdays	Thursday	Friday	Saturday	Sunday

Time available to volunteer per week (hours and number of days/week):

Are you available for a minimum of 2 months? ☐ Yes ☒ No Otherwise, for how many weeks: _____

Is your time flexible (would you be free as a short-term replacement)? ☐ Yes ☒ No

Available from (YYYY / MM / DD):

If you are interested in volunteering at the COVID-19 Vaccination Clinic, please complete the following section:

SCREENING QUESTIONS: COVID-19 VACCINATION CLINIC

Eligibility criteria:

1. Are you between 18 and 65 years old? ☐ Yes ☒ No
2. Do you have a chronic illness? ☐ Yes ☒ No
3. Are you immunocompromised? ☐ Oui ☒ No
4. Are you pregnant? ☐ Yes ☒ No
5. Have you been in close contact with vulnerable people? ☐ Yes ☒ No

COVID-19 SAFETY PROTOCOL AND TRAINING:

Are you ready to adhere to a safety protocol at times? ☐ Yes ☒ No?

Do you agree to consult an online safety training? ☐ Yes ☒ No

Thank you for your interest! We will contact you shortly. _____

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