



Aid to Orphans of Madagascar

AOM VOLUNTEER APPLICATION FORM

CONTACT INFORMATION

NAME	
STREET ADDRESS	
CITY, STATE/ PROVINCE	
COUNTRY, ZIP/ POSTAL CODE	
HOME PHONE	
WORK PHONE	
E-MAIL ADDRESS	

AVAILABILITY

When are you available to volunteer? (Times per week, or specific time periods)

Do you intend to volunteer from home or in Madagascar? (Please note AOM does not provide airfares)

INTERESTS

Please tell us which areas you are interested in volunteering:

- | | |
|---|--|
| <input type="checkbox"/> ADMINISTRATION | <input type="checkbox"/> LITERACY PROJECT |
| <input type="checkbox"/> COMMUNITY WASTE PROJECTS | <input type="checkbox"/> NEWSLETTER PRODUCTION |
| <input type="checkbox"/> EVENTS | <input type="checkbox"/> TEACHING/ TUTORING |
| <input type="checkbox"/> FIELD WORK | <input type="checkbox"/> PHONE BANK |
| <input type="checkbox"/> FUNDRAISING | <input type="checkbox"/> VOLUNTEER COORDINATION |
| <input type="checkbox"/> HEALTHCARE PROJECTS | <input type="checkbox"/> OTHER PROGRAM OR PROJECT (Please specify) |
| <input type="checkbox"/> HYGIENE PROJECT | <input type="checkbox"/> OTHER AREAS OF EXPERTISE (Please specify) |