



## Volunteer Application Form

Name

Age

Sex

City

Occupation

Name of your church/ Institution sending you for training:

Email address

Phone Number

1. Have you had any previous experience in training/teaching? If yes, please elaborate.

2. What was the age group of the target audience?

3. Why do you think safety awareness in schools and other learning centres is important?

4. Please provide contact information of one person for reference.

Name and Designation:

Address:

Email:

Phone:

5. Will you commit to doing at least two workshop sessions as assigned by WOW after the training certification?

6. Will you commit to being part of WOW's follow up program to ensure safety on campuses and give us the necessary feedback from your workshop sessions?

7. Have you had any previous counselling experience with children?

8. What do you think is needed in student campuses to ensure children's safety?

9. Name two locations where you will be able to do the Fearless Project training with children and Sunday School Teachers.

Name of the Church/VBS program

Location:

Tentative Dates:

Name of the Church/VBS program

Location:

Tentative Dates:

Thank you for your time. We will need you to get the reference form in the next page filled by your church/organization leader who can recommend you to be a trainer with Fearless Project.



**Reference Form**

Name of the Institution/Church:

Name of Pastor/Elder:

Designation:

Email address/phone number:

I recommend ..... (name) without any reservation to undergo training and to volunteer to train Sunday school/ VBS teachers and students on Safety Awareness as instructed by Women of Worth's Fearless Project.

Date: