



8 Lykavitos Avenue
2334 Lakatamia,
Nicosia, Cyprus
Tel.: +357 22264046
Fax: +357 22254046
contact@toxotisfoundation.org
www.toxotisfoundation.org

Volunteer Application

General Information

Date of Application: _____

Applicant's details

Surname: _____ Name: _____ Middle name: _____

Address: _____ City: _____

Post code: _____

ID number: _____

Date of birth: _____ Gender: Male Female

Contact Details:

Phone Number/s: _____

Email Address: _____

First Aid and CPR Certification Yes No



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Preferred volunteer areas: (select (✓) areas of interest)

- Social Skills
- Wellness and Fitness – Physical Education
- Educational Games
- Drama and Dance
- Cooking
- Arts & Hand-Made Crafts
- Outings in Town
- Recreational and Educational Visits
- Scheduled Excursions
- Fine Motor Skills
- Photography
- Money Management
- Environmental Awareness Cultivation

Other, specify:

Days and hours available for volunteer work:

Why are you applying to become a volunteer at Toxotis?

How did you hear about us? (Optional field)

Mandatory Requirements / Documents

References:

⇒ We require at least one reference letter of you;

OR

⇒ If you cannot provide us with a reference letter, please at least indicate the contact details of a person that we can call or email to provide us with oral or written references of you. It must be your current employer or ex-employer or a professor of your studies or any other person you have cooperated or being cooperating with for similar purposes.

Name of Referee: _____ Surname of Referee: _____

Phone Number/s: _____

Email Address: _____

State your Relationship with the Referee: _____

If your application becomes approved, you will also have to provide:

A. A Clean Criminal Record:

A recent clean criminal record.

B. A Health Certificate:

A recent health certificate.

***All expenses relevant to the above, will be paid by Toxotis.**



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Emergency Contact:

(Optional fields)

Surname: _____ Name: _____

Relation: _____

Phone number: _____

Do you have any allergies or other illnesses or do you take any medication, that you would like to inform us about, so we are aware in the case of an emergency incident?

Confirmation

I confirm that the information is, to the best of my knowledge and abilities, accurate and complete and that I will provide all required documentation for the completion of the application process.

Applicant's Name: _____

Signature: _____

Date: _____

Approval / Rejection of the Application and relevant Comments

(To be completed only by the Lead Coordinator of Toxotis – Mrs. Claire Lontou and the Management)

1st Stage:

Following the above details, as well as the personal meeting of the Lead Coordinator with the Applicant, this Application has:

TEMPORARILY BEEN ACCEPTED by Toxotis:

_____ (Signature of Lead Coordinator – Claire Lontou)

If this Application has been accepted at this stage, then that means that the Applicant will be able to join Toxotis' team for a trial period of 1 month, so that a final decision will be made for either permanent approval or rejection.

BEEN REJECTED by Toxotis:

_____ (Signature of Lead Coordinator – Claire Lontou)

_____ (Signature of Director – Demetra Demetriadou)



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2nd Stage:

(To be completed only if the Applicant has been accepted by Toxotis at the previous stage)

Following the completion of the 1-month trial period of the Applicant, Toxotis is in place to:

PERMANENTLY ACCEPT the Applicant at Toxotis:

(Signature of Lead Coordinator – Claire Lontou)

(Signature of Director – Demetra Demetriadou)

REJECT the Applicant:

(Signature of Lead Coordinator – Claire Lontou)

(Signature of Director – Demetra Demetriadou)