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“Fleur De Vie welcomes all volunteers who are willing to support positive change in communities that need it the most. To join our mission, please fill out application and someone will contact you. Thank You!”

Contact Information

Name Middle Name Last Name

Home Phone Cell Phone

Address

City State Zip/Postal Code

Email

Date of Birth

Country of Citizenship

Have you volunteering for Fleur de Vie, Inc before?

Yes No

If yes, which event and when?

Volunteer Interests

Please check all that apply

- Office Help
- Fundraising Events
- Social Media
- Field Projects
- Other (please specify)

Availability and for Volunteering

Please check all available days and time ranges

Mornings

Afternoons

Evenings

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Would you be able and willing to travel abroad at your own expenses?

Yes No

Would you prefer to be contacted solely for volunteering in our projects in Haiti?

Yes No

Additional Information

Language Proficiency

	Read	Write	Speak	Understand
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have previous experience engaging with children?

Yes No

If so, on what level: Professional Personal

Details:

How often do you exercise?

1-2 times a week 3-5 times a week 6-8 times a week

Describe your physical activity:

Do you have any allergies?

Yes No

Please detail them:

Do you have any health issues the team should know?

Please briefly tell us about your interests and how your skills would assist/benefit the work of Fleur de Vie, Inc.

Please provide three persons who are familiar with your character and qualifications and who can be contacted as reference

Name

Occupation

Email

Telephone

Name

Occupation

Email

Telephone

Name

Occupation

Email

Telephone

Have you ever been convicted, fined, or imprisoned for the violation of any law?

Yes No

Have you ever been accused of sexual improprieties with children or youth?

Yes No

Have you ever been found guilty of sexual improprieties with children or youth?

Yes No

Please tell us of any other facts that you consider will make your application relevant

Thank You!"

Please email the form to: info@FleurDeVieOnline.org