



VOLUNTEER DATA FORM FOR THE BOARDS OF PUBLIC EDUCATIONAL INSTITUTION (PEI)

PLEASE COMPLETE THIS FORM IN BLUE OR BLACK INK USING BLOCK CAPITALS

| Title: | Surname: | | | | |
|--|----------|--------------|----------------|--------------|--|
| Christian Name: | | | Middle Name: | | |
| Christian Name. | | | Wildlie Name. | | |
| Court on a CDivila | | | N-diam-lite | | |
| Country of Birth: | | Nationality: | | | |
| | | | | | |
| Home Address (Street Number, Street Name): | | | | | |
| | | | | | |
| Home Address (Town/Village/P.O., Parish): | | | | | |
| | | | | | |
| Home Telephone Number: | | | Mobile Number: | | |
| 1876 | | | 1876 | | |
| Work Telephone Number: | | | Fax Number: | | |
| 1876 | | | 1876 | | |
| Email Address: | | | | | |
| Overations | | | | | |
| Occupation: | | | | | |
| Qualification (Please check the applicable level): | | | | | |
| Secondary | Diploma | First Degree | Masters | PhD | |
| Have you ever served on a PEI Board? Yes | | Yes | No | | |
| If "yes", state the name and type of institution | | | | | |
| Are you currently serving on a PEI Board? Yes | | No | | | |
| If "yes", state the name and type of institution | | | | | |
| In which parish would you like to serve? | | | | | |
| List, in order of preference, three institutions at which you would like to serve. | | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| In What position would you like to serve? Nominated Member Chairman | | | | | |
| | | | | | |

KINDLY ATTACH CURRICULUM VITAE AND REFERENCE LETTER TO THIS FORM

ATTACH PASSPORT-SIZED PICTURE HERE

| I, | | | | | |
|--|--|--|--|--|--|
| Applicant's Signature: | Date: | | | | |
| Name of Referee or Recommending Body: (if applicable) | Referee's Signature: | | | | |
| Official Signature: | Date: | | | | |
| NOTE TO ALL APPLICANTS Forms are to be returned to the NCE, or at their authorized collection points, along with the following: - A photograph of the applicant - A completed Resume along with References - A recommendation from the Referee | Stamp/Seal of JP/Notary Public or Minister of Religion | | | | |
| FOR OFFICIAL USE ONLY | | | | | |
| Form checked by: | Date: | | | | |
| Signature: | | | | | |
| Application accepted: Yes No | Notification Letter sent: Yes No | | | | |
| Recommended Position: | Recommended School: | | | | |
| Constituency: | - | | | | |
| Approved by: | Date: | | | | |
| Signature: | - | | | | |