



Samoa Victim Support Group Inc.

'We Support, We Help, We Care, we are your family'

A SERVICE FROM THE HEART

SVSG Buddy Information

Name:

Gender: Female Male

Date of Birth:

Nationality:

Contact Address:

Email Address:

Phone Number:

Occupation:

Relationship Status: Single Separated
 Married Never Married
 Engaged Widowed

Education History:
[from Secondary to
Tertiary]

**Tell us which areas
you are interested for
volunteering
assignments:**

**How did you know
about the Buddy
Program:**

**During what dates are
you available for
volunteering
assignments:**



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Please take time to answer the following questions as your responses would help assist us in understanding you better:

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports, when and where:

What interests you and why?

How would you describe yourself?

How would your family and friends describe you?



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What innovative ideas would you like to share through the program?

Tell us about your experiences (if any) in working with or caring for children, including challenges you have encountered?

List any special skills or talents you have that would be beneficial to SVSG's work?

Please tell us about your greatest strengths and worst fears?



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You are aware that you will be working in a tropical island where most parts depend on subsistence living very different from your home. Tell us how you will cope with all these changes and continued to be a proactive SVSG Buddy that you are?

SVSG Buddy program is a service from the heart. What are you passionate about and what is the connection of this passion with SVSG's support work?

Please list down three referees who know you well and how you know them. Include their title, organization and email address.

1st Referee:

2nd Referee:

3rd Referee:

Note that incomplete and late applications would not be considered.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this form and for your interest in volunteering with us in the Buddy Program.