GCMUN Volunteer Application

Instructions for Submission:

• **Please complete this application form, save and email it to staff@gcmun.org no later than December 15, 2024. PDFs files are preferred.**

• **Include your resume and any relevant certificates or documents.**

• **For any questions or further information, contact us at staff@gcmun.org**

Applicant Information

Full Name:	
Date of Birth:	
Gender:	
Nationality:	
Current Address:	
City, State, ZIP:	
Email Address:	
Phone Number:	

Education (HS and University)

Institution Name:	
Degree:	
Field of Study:	
Year of Study:	
Expected Graduation:	

Languages Spoken

Language	Proficiency Level

Experience

Previous MUN Experience (if any):

Conference Name	Role	Year

Other Relevant Experience:

Organization Name	Role	Duration

Motivation and Skills

1. **Why do you want to volunteer for the GCMUN?**

2. **What specific skills or experiences do you bring to the team?**

3. **Which positions are you interested in? (Please select all that apply)**

   - Delegate Services
   - Committee Assistant Director

4.

4. **Are you available for both sessions of GCMUN or just one? Are you available for the entire duration of the session? If not, please specify your availability. Please include your preferred session.**

References

Please include name and details of your referee, a recommendation letter from your referee is not mandatory, but strongly suggested.

Reference Name	Position	Contact Information (Email)

Additional Information

1. **Do you have any medical conditions or allergies we should be aware of?**

2. **Any additional comments or information you would like to provide:**

Declaration

I hereby declare that all the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may lead to the rejection of my application or termination of my volunteer position.

Signature:

Date: