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| Volunteer Application | logo-Fox NGO.jpg |

## Contact Information

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Address/Residence |  | |
| Age & Date of Birth |  |  |
| Gender |  | |
| Phone Number |  | |
| E-Mail Address |  | |
| Occupation |  | |
| Activity Level (low, moderate, high etc.) |  | |
| HIV/AIDS knowledge (little to none, some, a lot, expert) |  | |
| How did you hear about us? |  | |
| How is your Kiswahili? (None, Beginner, Intermediate, Expert etc.) |  | |
| Will you require the use of a translator? | Yes No | |

## Lodging/Accommodations

### What are your expected dates for volunteering in Mufindi? Please be as specific as possible.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your preferred lodging accommodations?

Volunteer Housing Homestay I do not need housing.

Do you have any allergies/dietary restrictions? (ex. Gluten-free/ Vegan/Vegetarian/Peanuts/Mold/ Bees/Hay-fever etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Interests

### Please indicate the areas you are most interested in volunteering in:

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| --- |
| Administration |
| Education (Montessori Pre-school, Primary School, Secondary School) |
| Environmental Services |
| Health Services |
| Childcare |
| Sewing School |
| TEFL/English Classes (Adult English Classes, Secondary School English Classes etc.) |
| Other (Please elaborate in the space below.) |

## Special Skills or Qualifications

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

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|  |

## Previous Volunteer Experience

### Summarize your previous volunteer experience. Please list the organizations and any leadership positions held.

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## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### 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.

**Please attach/send the following documents to ensure a complete application.**

* **Proof of health/travel insurance for the entire period from arrival to departure**
* **Letter from applicable country police agency ensuring “no criminal record”/background check/no history of violent crimes**

### Thank you for completing this application form and for your interest in volunteering with us.