



## VOLUNTEER APPLICATION FORM

Name (s): .....

Gender:  Male:  Female: Date of Birth: .....

Phone: (Personnel Mobile) ..... (Home) .....

E-mail Address: ..... Physical Address: .....

Nationality: .....

### SKILLS AND INTERESTS

Education Background:

Primary  Secondary  Tertiary Institute  University

Current Occupation/Employment:

.....

Hobbies, Interests, Skills:

.....

Is there a particular type of volunteer work in which you are interested? (Tick all that apply)

<input type="checkbox"/> Girls empowerment/School Outreach	<input type="checkbox"/> Women's Empowerment
<input type="checkbox"/> Community Outreach	<input type="checkbox"/> Advocacy & Research
<input type="checkbox"/> Trainings	<input type="checkbox"/> Campaigns

Others:

.....

Is there a person or group you particularly want to work with? (Check all that apply)

Girls  Women  Others: .....



**AVAILABILITY**

At what times are you interested in volunteering?

Am flexible     Weekdays     Weekends

There are times during a week that I cannot do volunteer work, specify them

Mon    Tue    Wed    Thur    Fri    Sat    Sun

Do you have access to an automobile you can use for volunteer work?

No     Yes     Occasionally

**PERSONNEL INFORMATION**

Why do you think you will make a good volunteer?

.....

Please detail any relevant skills and experience.

.....

Do you have any serious illnesses or disabilities?

.....

Do you have any allergies?

.....

Please tell us about yourself? (Briefly)

.....

.....

.....

**REFERENCES**

How did you hear about us?     Through media     Referred by friend/volunteer

Others specify; .....

Please provide us with any two emergency contacts;

Name and Mobile number:

Name and Mobile number:

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**Declaration:**

As a volunteer registered under Women’s Health Foundation, I promise to work hand in hand with the organization to support girls and women to improve their livelihoods thereby celebrating a healthy woman.

Applicants Signature:

.....

Date: .....

Volunteer Coordinator:

.....

Date: .....