**AFRICAN FRIENDS SERVICE COMMUNITIES (AFSCO)**

**P.O.BOX 1782 JINJA,UGANDA EAST AFRICA**

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**VOLUNTEER APPLICATION FORM**

**PLEASE NOTE:** all information provided in this form will be viewed and reviewed by several people unless you request that it remain confidential.

NAME: ……………………………………………………………………………………………………………………

COUNTRY: …………………………………………………………………………………………

ADDRESS: ………………………………………………………………………………………….

POST CODE: ……………………………………………………………………………………….

TEL NO: ……………………………………………………………………………………………..

E-MAIL: ………………………………………………………. Alternative E-mail: ……………………………………………..

Present occupation (If applicable): …………………………………………………………………………………………….

Previous work experience: ………………………………………………………………………………………………………..

Have you ever undertaken any previous voluntary work? If so, please give through:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Age concern: ………………………………………………………………………………………………………………………………

**COMMITMENT**

How much time are you able to give?

Indicate with Yes or No

9:00 AM – 1:00 PM: …………

1:00 PM – 5:30 PM: …………

**EVENINGS**

Monday: ………..

Tuesday: ………..

Wednesday: ………….

Thursday: …………

Friday: …………

Saturday: ………..

Sunday: ……………

How long would you like to volunteer with us?

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Would you be willing assist with general fundraising for the organization before you come?

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

How would you like to help us do that?

……………………………………………………………………………………………………………………………………………………….......................................................................................................................................................

**HEALTH**

* How do you appraise your present health?

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

* Do you have any limitations, disabilities or medication that you take?

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

* Allergies? Please list:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

**AFFILIATION**

1. Name of your home district/state: ……………………………………………………………………………

Denomination: …………………………………………………..

Address: …………………………………………………………….

1. Club (s): …………………………………………………………….

Address: ……………………………………………………………

**SPECIFIC SKILLS**

Do you have any specific skills (other general) that you feel you would like to use in your role as volunteer at AFSCO? ……………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………….

**INVOLVEMENT**

Please check/mark any/all activities you are interested in:

* Rural mobile health clinics:
* Health care:
* Vocational Training-specify:
* HIV/AIDS Education and Treatment:
* Home based care visits:
* Orphans and vulnerable children administration:
* Construction:
* Other (specify): ……………………………………………………………………………………………………………………..

Why AFSCO? …………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………

How did you hear about volunteer opportunities at AFSCO?

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**DECLARATION**

**Signature: ……………………………….. Date: …………………………….**

**For Recruitment Office use:**

NAMES AND ADDRESSES OF TWO REFEREES:

1. Name: …………………………………………………………………………………………

Country: ……………………………………………………………………………………..

Address: ……………………………………………………………………………………..

Phone (Home): ……………………………………………………………………………

Phone (Work): ……………………………………………………………………………

Fax number: ………………………………………………………………………………

E-mail: ……………………………………………………………………………………….

1. Name: ………………………………………………………………………………………

Country: …………………………………………………………………………………..

Address: …………………………………………………………………………………..

Phone (Home): ………………………………………………………………………..

Phone (Work): …………………………………………………………………………

Fax number: ……………………………………………………………………………

E-mail: …………………………………………………………………………………….

**NOMINEE FOR CONTACT**

(In case of emergency)

Volunteer Name: …………………………………………………………………………..

Name of Nomine: ………………………………………………………………………….

Relationship: ………………………………………………………………………………...

Country: …………………………………………………………………………………………

Address: ………………………………………………………………………………………..

Telephone numbers: …………………………………………………………………….

Fax number: ………………………………………………………………………………….

E-mail: …………………………………………………………………………………………..

**N.B:**

AFSCO volunteer programme is normally from the period of January 4th to December 10th and is a highly valued programme; this is reflected in our selection process, the training, supervision and on-going support that we provide throughout the time that you are with us.

We endeavor to hold regular volunteer meetings which provide the opportunity to meet other team members. Volunteering covers most aspects of AFSCO daily duties which are carried out within the different communities in the country.

Our fundraising heavily lies on volunteer support on people like you. In your decision to become a volunteer, you may simply have a little time on your hands or wish to focus in some aspects of your life or a personal motivation to work within the fields of HIV/AIDS, poverty or general development.

Whatever you reasons, we will value the gift of your time and commitments.

**……………………………………….**

**BAMPALANA MUHAMMED**

**EXECUTIVE DIRECTOR/FOUNDER AFSCO**

Please download this form, fill it and return it to this e-mail: [afscohelpug@gmail.com](mailto:afscohelpug@gmail.com)