



“...A SOCIETY WITHOUT NEGATIVITY”

## VOLUNTEER APPLICATION FORM

Please attach a  
passport-size  
photograph

Passport Number:

Expiry Date (DD.MM.YYYY):

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Nationality:	<input type="text"/>	<input type="text"/>	
Full Postal Address :	<input type="text"/>		
		Post Code:	<input type="text"/>
Telephone No:	<input type="text"/>	E-mail:	<input type="text"/>
Date of Birth:	<input type="text"/>	Gender:	<input type="text"/>
Anticipated arrival date to Uganda:	<input type="text"/>	Anticipated departure date from Uganda:	<input type="text"/>

**Contact person in case of emergency:**

First Name:		Surname:	
Relationship:			
Full Postal Address :			
		Post Code:	
Telephone No:		E-mail:	

**Personal Information:**

List any allergies that you currently have.	
List any special dietary needs that you have.	
Which languages do you speak or read?	
List any skills you have as well as any training that you have had which will be applicable to your volunteer work.	
Which specific volunteer project are you interested in? Children Orphanage and elderly Project, Teach children health and computer skills in Rural/ Public School, HIV/AIDS Projects, Health Projects/environmental project	
What do You Hope to Learn?	
Briefly list your expectations about cultural waves Uganda	
Have you done voluntary work before?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
If yes, please state briefly where, when and what you have done:	
Are you fully insured for Health/Accident/Travel/Repatriation?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
If not currently, do you intend to be fully insured for Health/Accident/Travel/Repatriation for the time you are in Uganda?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

**Disclaimer for Volunteers:**

Cultural waves Uganda makes every endeavour to provide a safe and secure working environment for all volunteers and not to ask any volunteer to perform tasks beyond the competency of the volunteer, or without appropriate training and supervision. However, every volunteer must take care for their own safety and well-being and the safety and well-being of others around them. Volunteers should not undertake tasks for which they do not feel competent or do work or work in situations where they do not believe their own safety is assured. Volunteers must act in a reasonable and safety-conscious way at all times.

Do you agree with the Disclaimer for Volunteers?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
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**Declaration of Truth:**

**I declare that the above information is accurate to the best of my knowledge.**

Applicant's Signature:		Date:	
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Contact Person's Signature (in case of any emergency)		Date:	
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Name of Sponsoring Body (if appropriate)			
Official Signature Sponsoring Body (if appropriate)		Date:	

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Office Use Only

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Checked form:    Signature:		Date:	
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