

Child Support Uganda (CSU)

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VOLUNTEER APPLICATION FORM

Possible Dates: 1. _____ 2. _____

Confirmed Date: _____ (Please Print Clearly)

Personal / Group Information

Names: _____

Volunteer type: Individual Family Church/Mission Team Corporate Group

Medical Team College/University Students Others (please specify) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

E-mail: _____ Telephone: _____

Gender: Male _____ Female: _____

Marital Status: Married _____ Single _____ Other _____

Date of Birth: _____ Citizenship: _____

Country of Birth: _____

Passport Number: _____ Date of Issue/Expiration: _____ / _____

Spouse's Name: _____

In case of Emergency, please notify: Name _____

Street Address/Mailing address: _____

City: _____ State: _____ Zip: _____

Country: _____

E-mail: _____ Telephone: _____

Their Relationship to You: _____

Current Medications (if any): _____

Any current medical condition (s) that needs to be noted:

Your Organisation/ Church/Company: _____

Leader's Name: _____ E-mail: _____

Please indicate any special skills, talents, training or service experience that you feel may be helpful for CSU in Uganda (if any):

Please describe your interest/experience in working with disadvantaged children and youth or communities in a third world country environment (if any):

Please list any previous volunteer/mission experience you have had (if any):

Country	Agency	Dates	Service/Ministry done

Referees

Please provide names and full contact addresses of two (2) people or organisations that know you well, and that can give us reference:

First Referee:

Name _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

E-mail: _____ Telephone: _____

Relationship to You: _____

Second referee:

Name _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

E-mail: _____ Telephone: _____

Relationship to You: _____

Participation Agreement

Project Description: _____ Volunteer Service

Agency: Child Support Uganda

Location / Country: Kampala - Uganda Date: _____

I/We agree to serve as a volunteer (s) and we agree to be directed by and responsible to the designated local leadership of CSU for this short-term/long-term volunteer period. Further, I/We agree to hold harmless and to indemnify Child Support Uganda (CSU) as a result of my/our participation:

Signature: _____ Date: _____